IN THE BOWLING GREEN MUNICIPAL COURT

State of Ohio/ City of Bowling Green Plaintiff,

VS.

	*
	* Case NoCR
Name	*
	*
	*
Address	* JUDGE MARK B. REDDIN
	*
	*
City, State, ZIP	*
	* APPLICATION FOR
()	* EXPUNGEMENT OF RECORD
Phone	*
	*
	- *
Social Security Number Date of Birth	*

Defendant makes application to this Court:

- \Box For the expungement of his/her official record of conviction in this case
 - 1. More than one (1) year has passed since the final discharge in the above titled case (in cases of conviction and bail forfeiture).
 - 2. Applicant has no criminal proceedings pending against them.
 - 3. Applicant has been rehabilitated.
 - 4. Applicant's conviction/bail forfeiture is not a crime listed in R.C. 2953.32, for which the expunging of the records are inapplicable.
 - 5. The applicant understands that the \$100.00 filing fee is non-refundable.
 - 6. The expunging of this record is consistent with public interest.
- \Box For the expungement of his/her official record of dismissal in this case.

_/___/____ Date

Signature of Defendant/Attorney for Defendant AFFIDAVIT STATE OF ______, SS:

_____, the undersigned defendant, being duly sworn says:

On_____, in this court, the defendant was convicted of:

Code & Section #_____ Name of Offense______

I, ______, after having reviewed the applicable statutes referenced above in order to determine my eligibility for the expungement of the record of my case, in order to make truthful assertions for the purposes of this application; hereby swear or affirm under the penalty of Falsification (R.C. 2921.13) that the statements contained herein are true and petitions the Court for an order expunging the record pursuant to ORC 2953.31-2953.36 and 2953.61.

Signature of Defendant

On this _____ day of ______, 20____, sworn to before me and subscribed in my presence.

Notary Public

NOTICE OF HEARING

This matter shall be set for hearing by the Court upon completion of a record check as required by statute. Notice of the date and time of hearing shall be forwarded to all parties.

If an attorney is assisting you with expunging this record, please list their contact information below.

Name

Phone

Address