IN THE COURT OF COMMON PLEAS, FRANKLIN COUNTY, OHIO CRIMINAL DIVISION

	:	Case No	(s):	_
Applicant's Name	:			_
	:			_
	•			_
	:			<u> </u>
	:			
	:	1	List additional cases on second pa	ge
	_		Dismissal, or Not Guilty R.C. 2953.36 / 2953.521	
Full Name:		Alias/Maiden Name:		
Address:		Phone Number:		
City:		State:	Zip Code:	
Date of Birth:		SSN:		
Email Address:				
loitering, or prostitution. I was convicted of (soliciting) Common Pleas, Case Number Do Pursuant to R.C. 2953.36(A)(2) (co- applying for expungement of the ca- were a result of my having been a vi- I understand that only fourth a	nses in the attactivictim of human on, I understand (loitering) (procumentation of human of the attactivictim of human of fifth-degree of the attactivictim of human of the attactivity of human of	ched table, as in trafficking. In trafficking. In that I must be obtained that I must be obtained to the conviction R.C. 2953.5 when the ched table, as in trafficking.	those convictions and dismissal have a conviction for soliciting the Franklin County Court of ion is attached to this application is attached to this application the convictions and dismissal misdemeanors may be expunging	on on. uls
this section, but that I need no section.	t have any part	icular convic	tion on my record to apply und	er this

CASES FOR EXPUNGEMENT:

Case Number	Result	Charge(s)	Date of Result
	☐ Conviction		
	☐ Dismissal/Not Guilty		
	☐ Conviction		
	☐ Dismissal/Not Guilty		
	☐ Conviction		
	☐ Dismissal/Not Guilty		
	☐ Conviction		
	☐ Dismissal/Not Guilty		
	☐ Conviction		
	☐ Dismissal/Not Guilty		

I state that I was knowingly recruited, lured, enticed, isolated, harbored, transported, provided, obtained, or maintained and was compelled through force, fear, duress, or intimidation, to engage in the acts that resulted in the above-listed cases and that I have satisfied the requirements of R.C. 2953.36/2953.521 for the expungement of these records and request that the Court expunge all official records in the case(s) referenced above.

The Applicant hereby certifies that all requirements for expunging the records are met.

	Applicant Signature	Date
	Attorney Signature (if applicable)	Date
Applicant's Attorney (if applicable)	Attorney	Registration #
Applicant's Attorney's Address		Telephone #
Applicant's Attorney's Email:		

CERTIFICATE OF SERVICE

A copy of this applicant was served electronically by the Franklin County's e-Filing system pursuant to Local Rule 110, to the Office of the Franklin County Prosecuting Attorney.