

FRANKLIN COUNTY MUNICIPAL COURT CLERK
 EXPUNGEMENT SECTION
 375 SOUTH HIGH STREET, 2ND FLOOR
 COLUMBUS, OH 43215
 (614) 645-1706

APPLICATION FOR EXPUNGEMENT – R.C. 2953.521

_____ CRX _____

Full Name:	Alias/Maiden Name:	
Address:	Phone Number:	
City:	State:	ZIP:
Date of Birth:	SSN:	

<u>Dismissal/Not Guilty</u>	<u>FCCM Case Number</u>	<u>Date of Dismissal/Not Guilty</u>

Applicant may list additional dismissal/not guilty cases for expungement on the attached Additional Sheet for Cases for Expungement.

I have participated in the CATCH court.

On the back of this form, describe why you engaged in the acts that resulted in the listed conviction/guilty plea. Attach any supporting documents.

The above-named applicant states that s/he 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 complaints, indictments, informations, or findings of not guilty. S/he has satisfied the requirements of R.C. 2953.521 for the expungement of records and requests that the Court expunge all official records in the case(s) referenced above.

Applicant or Attorney Signature

Date

Defendant's Attorney

Supreme Court #

Defendant's Attorney's Address

Telephone Number

CERTIFICATE OF SERVICE

I, the undersigned, do hereby certify that a copy of this Application for Expungement was served upon the Prosecutor's Office on this _____ day of _____, _____.

DEPUTY CLERK

Describe why you engaged in the acts that resulted in the listed dismissal/not guilty finding.

(attach additional sheets if necessary)

OATH
(Do not sign until deputy clerk or notary is present.)

The above-named applicant does hereby swear or affirm that I have read this document and, to the best of my knowledge and belief, the facts and information stated in this document are true, accurate and complete. I understand that if I do not tell the truth, I may be subject to penalties for perjury.

Your Signature

Sworn before me and signed in my presence this ____ day of _____, _____ .

Deputy Clerk or Notary Public
My Commission Expires:

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EXPUNGEMENT SECTION**

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APPLICATION FOR EXPUNGEMENT – R.C. 2953.521
(Additional Sheet for Cases for Expungement)

<u>Dismissal/Not Guilty</u>	<u>FMC Case Number</u>	<u>Date of Dismissal/Not Guilty</u>