

EXPUNGEMENT

Personal Information:

Name: _____
Age: _____ DOB: _____ Phone: _____
AKA: _____
Address: _____
City/State/ZIP: _____
Place of Birth: _____ SSN: _____
Race: _____ Height: _____ Weight: _____ Hair: _____ Eyes: _____

Family History:

Husband(s)/Wife(s): _____
Child(ren): _____

Employment History:

Employer: _____
How long?: _____

Education History:

Last school attended: _____

Military History:

Branch of Service?: _____

Miscellaneous Information:

Have you ever lived in another city, county or state other than Summit County, Ohio? If yes, please list: _____

Have you ever been convicted of any other criminal charge in this court or any other court? If yes, please list court and charge: _____

Do you have anything pending in any other court? _____

Have you ever applied for or have been granted an expungement to this date: _____

Have you ever been convicted of a DUI/OVI? _____

Signature

Official use only: _____ (Deputy Clerk's initials)