

**THE DAYTON MUNICIPAL COURT
CRIMINAL DIVISION**

**THE STATE OF OHIO,
CITY OF DAYTON**
Plaintiff,

**APPLICATION FOR EXPUNGING
CRIMINAL RECORDS**

VS.

Number of Cases: _____

Defendant/Applicant

Applicant's Social Security Number

Applicant's Date of Birth

Applicant's Street Address, City, State, Zip Code

Applicant's Phone Number

1. Case Number: _____

Charge: _____

Final Disposition Date: _____

Judge: _____

Type: Dismissal Conviction Not Guilty

2. Case Number: _____

Charge: _____

Final Disposition Date: _____

Judge: _____

Type: Dismissal Conviction Not Guilty

3. Case Number: _____

Charge: _____

Final Disposition Date: _____

Judge: _____

Type: Dismissal Conviction Not Guilty

4. Case Number: _____

Charge: _____

Final Disposition Date: _____

Judge: _____

Type: Dismissal Conviction Not Guilty

5. Case Number: _____

Charge: _____

Final Disposition Date: _____

Judge: _____

Type: Dismissal Conviction Not Guilty

6. Case Number: _____

Charge: _____

Final Disposition Date: _____

Judge: _____

Type: Dismissal Conviction Not Guilty

Respectfully Submitted,

Applicant's Printed Name

Applicant's Signature