

IN THE MUNICIPAL COURT OF ASHLAND, OHIO

AFFIDAVIT IN SUPPORT OF MOTION TO EXPUNGE RECORD

NAME

First	Middle (Initial)	Last

being first duly sworn, states the following:

- 1. Other names I have used (including maiden, alias names, and the places used:**

- 2. My date of Birth:**

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- 3. My place of Birth:**

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- 4. My Social Security No.**

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- 5. My Present Address is:**

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- 6. I have lived at the following address in the last five years: (If additional space is needed, please use the reverse side of this page.)**

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7. I am: Single Married Divorced

8. If married, my spouse's name (& Maiden, if Wife) is:

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9. I was was not in the Military Service. If I was in the Military Service, the branch was, and if discharged, the type and date of discharge was:

Branch	Type of Discharge	Date of Discharge

10. My Father's Name and address is:

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11. My Mother's Name and address is:

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12. During the last Five Years, I have worked for the following employers, at the following addresses, and during the following times:

Employer	Address	Dates

13. As an adult, the following is a list of each arrest, traffic citation, and other criminal charge against me, the name used by me as shown on the arrest, traffic citation or other criminal charge complaint, as well as the nature of the charge, place of arrest, date of arrest, name and address of

the Court in which the charges were filed, the disposition (Guilty, Not Guilty, Dismissed) and date of disposition of each charge:

	1 st Event	2 nd Event	3 rd Event	4 th Event	5 th Event
Name on Arrest/Ticket/Complaint					
<u>A</u> rrest, <u>C</u> itation, <u>C</u> omplaint					
Nature of Charge/Arrest					
Date of Arrest/Charge					
Name and Address of Court					
Disposition & Date					

(Use reverse side if more incidents need to be listed).

Signature

State of _____

County of _____ ss:

_____, being first duly sworn, says that they

have read the foregoing affidavit, and that the facts stated and the matters set forth in this affidavit are all true.

Sworn to and subscribed in my presence this _____ day of _____, 20____.

My Commission
Expires: _____

Notary Public/Clerk of Court