



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

\_\_\_\_\_  
Name of Applicant

\_\_\_\_\_  
Name of Attorney (if applicable)

\_\_\_\_\_  
Signature of Applicant (if pro se)

\_\_\_\_\_  
Signature of Attorney (if applicable)

\_\_\_\_\_  
Street Address of Applicant

\_\_\_\_\_  
Attorney Registration No. (if applicable)

\_\_\_\_\_  
City, State, and Zip Code of Applicant

\_\_\_\_\_  
Street Address of Attorney (if applicable)

\_\_\_\_\_  
Last 4 digits of Applicant's SSN

\_\_\_\_\_  
City, State, Zip Code of Attorney (if applicable)

\_\_\_\_\_  
Date of Birth of Applicant

\_\_\_\_\_  
Email Address of Attorney (if applicable)

\_\_\_\_\_  
Race or Ethnicity of Applicant

\_\_\_\_\_  
Telephone of Attorney (if applicable)

\_\_\_\_\_  
Telephone Number of Applicant (if pro se)

\_\_\_\_\_  
Email of Applicant (if pro se)

Additional Cases: \_\_\_\_\_

**SERVICE**

A copy of this application 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.