

**PRINT**

**IN THE COURT OF COMMON PLEAS, FRANKLIN COUNTY, OHIO  
CRIMINAL DIVISION**

In the Matter of:

Case No.

**APPLICATION FOR EXPUNGEMENT OF CERTAIN CRIMES  
FOR VICTIMS OF HUMAN TRAFFICKING – O.R.C. 2953.38**

**WHO MAY APPLY: anyone who is or was convicted of a violation of Soliciting (ORC 2907.24), Loitering (ORC 2907.241), or Prostitution (ORC 2707.25) may apply to the sentencing court for the expungement of his/her record of conviction of any offense EXCEPT a record of conviction for the offense of Aggravated Murder (ORC. 2903.01); Murder (ORC 2903.02); or Rape (ORC 2907.02)**

<u>Case Number</u>	<u>Conviction/Guilty Plea</u>	<u>Felony (F) or Misdemeanor (M)</u>	<u>Date of conviction/guilty plea</u>

\*If necessary, put additional charges on 2<sup>nd</sup> page

\_\_\_\_\_, applies to the Court for an  
[Name of applicant]

Order expunging all official records of the above named conviction(s) as provided in Section 2953.38 of the Ohio Revised Code.

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 conviction/guilty plea. S/he has satisfied the requirements of R.C. 2953.38 for the expungement of records and requests that the Court expunge all official records in the case(s) referenced above.

The applicant is not indigent and deposits herewith the sum of fifty dollars, (\$50.00 plus a non-refundable e-filing convenience fee when applicable), as set forth in R.C. 2953.38; or applicant claims to be indigent and has attached a Financial Disclosure and Affidavit of Indigency as Exhibit A to this application.

Attorney for applicant: \_\_\_\_\_ SC Reg No. \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

**Or**

Pro Se Applicant: \_\_\_\_\_

**Describe below why you engaged in the acts that resulted in the listed conviction/guilty plea. Attach additional sheets if necessary.**

\_\_\_\_\_  
 Attorney for Applicant/Applicant (PRO SE)

**Applicant Information** (Required)

<b>Full Name:</b>		<b>Alias/Maiden Name:</b>	
<b>Address:</b>		<b>Phone Number:</b>	
<b>City:</b>		<b>State:</b>	<b>ZIP:</b>
<b>Date of Birth:</b>		<b>SSN:</b>	
<b>Sex:</b>		<b>Race:</b>	

**List Additional Convictions Below** (If necessary, put additional charges on another page)

<u>Case Number</u>	<u>Conviction/Guilty Plea</u>	<u>Felony (F) or Misdemeanor (M)</u>	<u>Date of conviction/guilty plea</u>

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