IN THE TIFFIN-FOSTORIA MUNICIPAL COURT

SENECA COUNTY, OHIO

	<u> </u>	•	
Applicant Name			
		<u>.</u>	
		<u>:</u> : Judge:	
		<u>:</u>	
			nge Record of Conviction
		Vehicle Pursuant to	ling Firearm in Motor
		<u> </u>	11.0. 2000.01
The A	applicant moves the Court to ore	der the expungement of the reco	ord of conviction for improperly
<u>nandling a fire</u>	<u>earm in a motor vehicle pursuar</u>	nt to R.C. 2953.37. In support of	this application, the Applicant
orovides the fo	ollowing information:		
<u>1.</u>	ages if necessary):		
	<u>Offense</u>	Date of the Conviction or Guilty Plea	<u>Court</u>
2. Please attach evidence the offense was a violation of R.C. 2923.16 (B), (C), or (I			
<u> </u>	Applicant is authorized by R.C. 2923.16(H)(2)(a) to file this application.		
2	Diagon indianta any other in	farmantina var	and tall a land
3. Please indicate any other information you would like the Court to know application (you may attach additional pages if necessary).			ourt to know in reviewing your
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FORM 96-D1 – APPLICATION TO EXPUNGE RECORD OF CONVICTION FOR IMPROPERLY HANDLING FIREARM IN MOTOR VEHICLE PURSUANT TO R.C. 2953.37

[Page 2 of 2 Form 96-D1]

The Applicant hereby certifies all requirements for expun	ging 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)			
Driver's License No. of Applicant (if applicable)	City, State, and Zip Code of Attorney (if applicable			
Telephone of Applicant (if pro se)	Email Address of Attorney (if applicable)			
	Telephone of Attorney (if applicable)			
(TO BE COMPLETED BY	THE COURT)			
SERVICE				
A copy of this application was served by for, this	this Court on the Office of the Prosecutor day of, 20			