

IN THE MUNICIPAL COURT OF FAIRBORN, OHIO

State of Ohio
Plaintiff

Case No. _____

Case No. _____

Case No. _____

v.

Applicant/Defendant

Date of Birth

**APPLICATION FOR EXPUNGEMENT
OF RECORD AFTER NOT GUILTY
FINDING OR DISMISSAL OF
PROCEEDING OR NO TRUE BILL**

Applicant/Defendant hereby makes application to the Court for the expungement of the record after a not guilty finding, dismissal of proceedings or No True Bill in this case.

Applicant/Defendant provides the following information:

1. Date(s) of Not Guilty finding or dismissal or No True Bill: _____
(If not known exactly, please provide year)
2. Applicant's current address: _____, _____, _____, _____
Address City State Zip code
3. Applicant's telephone/cellphone: _____
4. Applicant's email address: _____

Applicant/Defendant states he/she was either found not guilty in this case, or the case was dismissed, or no true bill was approved; that he/she has no criminal proceedings pending; and that the interests of applicant in having the records pertaining to this case expunged are not outweighed by any legitimate governmental needs to maintain those records. I understand that my appearance at the hearing, either in-person or virtually, is required, and that failure to appear will result in my application being denied.

Defendant consents to receiving email messages	YES	NO
Defendant consents to receiving text messages	YES	NO
Defendant consents to appearing virtually by signing the attached consent form.	YES	NO

I understand standard message and data charges from my cell carrier may apply when receiving text messages. I acknowledge Fairborn Municipal Court may send text messages to my cellphone for notification of court hearing(s).

Printed Name of Applicant/Defendant

Signature of Applicant/Defendant

Certificate of Service

The undersigned hereby certifies that a true and correct copy of the Application for Sealing Record of Conviction was served on the Prosecutor's office by Regular mail or by Personal service to the following address: 2625 Commons Blvd, Beavercreek, Ohio 45431, this ____ day of _____, 20 ____.

Signature of Applicant/Defendant

**IN THE MUNICIPAL COURT OF FAIRBORN, OHIO
TRAFFIC/CRIMINAL DIVISION**

STATE OF OHIO

CASE:

WAIVER OF PERSONAL APPEARANCE

vs.

DEFENDANT

I hereby waive my personal appearance for the scheduled hearing. I consent to have the hearing proceed via zoom.

As the undersigned defendant in this action, I freely and voluntarily declare that:

1. I have been advised of my right to appear in a courtroom and be personally present for the proceeding described above;
2. I understand that I am responsible for updating the Court with my current and accurate contact information and will notify the court if the Zoom link is not received at least one day prior to hearing;
3. I have been advised that I am not required to waive my right to be present, and if I do not waive that right, my case will not be unreasonably delayed;
4. I have been advised that I have the right to appear in court for the purpose of confronting and cross-examining any witnesses who may testify in this proceeding;
5. I understand that I am responsible for reviewing the local rules as they relate to video proceedings and the rules of evidence;
6. If represented by an attorney, I have been afforded the ability to consult privately with my attorney and understand that I will be able to consult with my attorney privately during this proceeding;
7. If represented by an attorney, I have had the opportunity to discuss this right to personal appearance with my attorney; and
8. I fully understand and appreciate the consequences of my decision to waive the right to appear personally in court for the proceeding described above.

I therefore freely, voluntarily, and knowingly waive my right to be present in the courtroom for this proceeding, including for the purpose of confronting and cross-examining any witnesses who may testify, and I consent to participate in this proceeding by audio and video transmission.

Defendant

Defendant email address

Counsel for Defendant