

**IN THE COMMON PLEAS COURT  
BUTLER COUNTY, OHIO**

\_\_\_\_\_ :  
Applicant Name : Case No(s). \_\_\_\_\_  
 : \_\_\_\_\_  
 : \_\_\_\_\_  
 : Judge: \_\_\_\_\_  
 : \_\_\_\_\_  
 : \_\_\_\_\_  
 : **Application to Expunge Record of Conviction**  
 : **for Improperly Handling Firearm in Motor**  
 : **Vehicle Pursuant to R.C. 2953.37**  
 : \_\_\_\_\_

The Applicant moves the Court to order the expungement of the record of conviction for improperly handling a firearm in a motor vehicle pursuant to R.C. 2953.37. In support of this application, the Applicant provides the following information:

1. Please complete the following (you may attach additional pages if necessary):

Offense	Date of the Conviction or Guilty Plea	Court

2. Please attach evidence the offense was a violation of R.C. 2923.16 (B), (C), or (E) and the Applicant is authorized by R.C. 2923.16(H)(2)(a) to file this application.
3. Please indicate any other information you would like the Court to know in reviewing your application (you may attach additional pages if necessary).

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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)

\_\_\_\_\_  
Driver's License No. of Applicant (if applicable)

\_\_\_\_\_  
City, State, and Zip 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 this Court on the Office of the Prosecutor for \_\_\_\_\_, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.