

**MARIETTA MUNICIPAL COURT
PROBATION DEPARTMENT
MARIETTA, OHIO**

NAME: _____ Case Number: _____
(Last, First, Middle)

MAIDEN NAME (IF APPLICABLE) _____

CURRENT ADDRESS: _____
(Number, Street)

(City) (State) (Zip)

MAILING ADDRESS (if different): _____
(Number, Street)

(City) (State) (Zip)

TELEPHONE: () _____ CELL PHONE: () _____
(Area Code and Number) (Area Code and Number)

EMAIL ADDRESS: _____ @ _____

IDENTIFYING DATA:

HEIGHT: _____ WEIGHT: _____ EYES: _____ HAIR: _____

AGE: _____ DATE OF BIRTH: _____
(Month, Day, Year)

PLACE OF BIRTH: _____
(City & State, or Foreign Country)

SEX: _____ RACE: _____ CITIZENSHIP: _____

MARITAL STATUS: _____ NO. OF DEPENDANTS: _____
(Single, Divorced, Widow, etc.)

SOCIAL SECURITY NUMBER: _____

EDUCATION: _____
(College, High School, etc.)

DO YOU HAVE A DRIVER'S LICENSE? YES ___ NO ___ NUMBER: _____
(Include State)

PRESENT CASE(S) OR SENTENCE(S):

FOR WHAT OFFENSE(S) ARE YOU ASKING TO HAVE EXPUNGED? (LIST BELOW)

CO-DEFENDANT OR ACCOMPLICES NAMES (INCLUDE JUVENILES)

ADULT CRIMINAL HISTORY (IF ANY):

<u>DATE</u>	<u>OFFENSE</u>	<u>COUNTY/STATE</u>	<u>DISPOSITION</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

ADULT SUPERVISIONS (IF ANY):

DATES	NAME & ADDRESSES OF PROBATION OR PAROLE
FROM/ UNTIL	_____
FROM/ UNTIL	_____

ADULT INCARCERATIONS (IF ANY):

DATES	NAME & ADDRESS OF INSTITUTION OR PERSON
FROM/ UNTIL	_____
FROM/ UNTIL	_____

ARE YOU ON PROBATION OR PAROLE NOW? (CIRCLE ONE) YES NO

ARE THERE ANY OTHER CHARGES PENDING IN THIS OR ANY OTHER COURT?
(LIST WHAT CHARGES AND WHERE)

LIST PREVIOUS RESIDENCES FOR THE PAST 10 YEARS

(Start with the most recent residence)

<u>RESIDENCE</u>	<u>CITY</u>	<u>COUNTY</u>	<u>STATE</u>	<u>DATES</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

EDUCATIONAL HISTORY:

CIRCLE LAST GRADE FULLY COMPLETED:

0-8 9 10 11 12 GED 13 14 15 16

ASSOCIATE DEGREE

BACHELOR DEGREE

MILITARY SERVICE:

SERVICE NUMBER _____ DATE OF ENTRY _____

BRANCH OF SERVICE: _____ DATE OF DISCHARGE _____

TYPE OF DISCHARGE _____

ANY DISCIPLINARY ACTIONS, COURT-MARTIALS, STOCKADE OR BRIG TIME, OR OFFICE HOURS (list below)

ALCOHOL AND DRUG ABUSE HISTORY:

1. DO YOU USE ALCOHOL OR OTHER DRUGS? (Circle One) YES NO

2. HAVE YOU EVER HAD TREATMENT FOR ALCOHOL, OR DRUG ABUSE?

(Circle One) YES NO

(If "yes" list below)

EMPLOYMENT HISTORY: (List jobs held during last 5 years beginning with the most recent)

DATES- STARTED/ ENDED	EMPLOYER AND ADDRESS OF EMPLOYER	NATURE OF WORK	WAGE	REASON FOR LEAVING
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

SIGNATURE: _____

DATED: _____

Probation Department Contact: Jason Hamilton, Chief Probation Officer
259 Butler St.
Marietta, OH 45750
(740) 376-2005 ext. 1