

IN THE KETTERING MUNICIPAL COURT, KETTERING, OHIO

Court Case # (if known): _____

AFFIDAVIT AND
DEFENDANT'S REQUEST FOR
CERTIFIED COPY OF
SEALED RECORD

1. I am the defendant in the above mentioned case.
2. My full legal name is: _____
My date of birth is: _____
My last four digits of my SSN are: xxx-xx-_____
3. Pursuant to Ohio Revised Code chapter 2953, I am requesting that the Clerk of Court provide me with _____ (#) certified copies of the following:
 _____ original complaint/ticket (if available) _____ disposition judgment entry
 _____ judgment entry which sealed this case
4. I understand that filing a false affidavit may be cause for criminal prosecution.
5. I understand that a notarized copy of this affidavit, along with a copy of my valid, government issued identification card (e.g. driver's license, State ID card, U.S. Passport, etc.) must be faxed (if notary seal is visibly printed) or mailed to the following:

 Mail: Kettering Municipal Court Fax: 937-534-7017
 2325 Wilmington Pike
 Kettering, Ohio 45420
6. I have enclosed with this form (or will pay by phone) \$20.00 for the first certified copy I am requesting and \$5.00 for each additional certified copy I am requesting. [Note: Acceptable forms of Payment are as follows - check or money order for U.S. Mail or in person requests; credit or debit card (via telephone or in person for fax requests - call 937-296-2461; or pay in cash (available for in person requests only).
7. I request that the certified copy(ies) I have requested be mailed to me at this address:

Address: _____ City: _____ State: _____ Zip: _____

FURTHER, AFFIANT SAYETH NOT:

Affiant Signature

Affiant Printed Name

SS: State of _____,
 County of _____.

Sworn to and subscribed in my presence by _____, this _____ day of _____, 20____.

Notary Public
My Commission Expires: _____