Ohio Department of Education

Office of Professional Conduct ▪ 25 South Front Street ▪ Mail Stop 104 ▪ Columbus ▪ Ohio ▪ 43215
Phone: 614-466-5638

Case Information Form

The Office of Professional Conduct requests that you complete the required information. **Any questions left unanswered will result in a delay in the processing of your application**.

NAME: _____ SS # _____-____-_____

1. Have you ever been arrested or charged with a crime? ☐ Yes ☐ No

2. What was the **charge**? _____
(e.g., assault, passing bad checks)

Indicate the level of the offense **(check one)**

☐ Felony ☐ Misdemeanor ☐ Minor Misdemeanor

When? ____/____/____
MM DD YY

Where? _____
City State Zip

3. Name and location of the arresting agency: (e.g., Akron Police Dept., Franklin Co. Sheriff)

_____
Name

_____
Address

_____
City State Zip

_____ (_____)_____
County Phone Number

4. What were you actually **convicted** of? _____
(e.g., assault, passing bad checks)

Indicate the level of the offense **(check one)**

☐ Felony ☐ Misdemeanor ☐ Minor Misdemeanor

5. Did you or your attorney have to appear in court? ☐ Yes ☐ No

Name and location of the court: (e.g., Franklin Co. Municipal Court, Cuyahoga Co. Court of Common Pleas)

_____
Name

_____
Address

_____ _____ _____
City State Zip

_____ (_____)_____
County Phone Number

7. Have you ever had a record expunged? **(check one)** ☐ Yes ☐ No

If **yes** indicate when:

_____/_____/_____
Month Date Year

8. Please explain below the circumstances of the offense (attach additional sheets as needed).

_____

_____

_____

9. Do you have any other arrests/convictions? **(check one)** ☐ Yes ☐ No

I certify that the information provided is true and correct to the best of my knowledge.

_____ _____ (_____)_____
Signature **Date** **Phone**

_____
Print Name

Please return the completed form(s) along with other required information to:
Ohio Department of Education, Office of Professional Conduct, 25 S. Front St., Mail Stop 104, Columbus, Ohio 43215.