WAYNE COUNTY COMMON PLEAS COURT
107 W. LIBERTY ST.
WOOSTER, OH 44691

APPLICATION FOR RELIEF FROM DISABILITY

STATE OF OHIO CASE NO.

VS

_____

Defendant, _____, makes application to the Court, pursuant to R.C. section 2923.14, for relief from disability.

CHARGE: _____

COURT OF CONVICTION: (COUNTY & STATE)

_____

_____

DATE OF CONVICTION: _____

DATE OF TERMINATION OF
PROBATION/PAROLE: _____

YOUR CURRENT ADDRESS: _____

_____

PHONE: _____

SOCIAL SECURITY # : _____

EMPLOYED (yes) (no) If yes give name/address of employer

_____

_____

Date: _____ Signed: _____
(Pro Se)