IN THE COURT OF COMMON PLEAS, GENERAL DIVISION
RICHLAND COUNTY, OHIO

IN THE MATTER OF:

CASE NO. _____

_____ JUDGE _____

APPLICANT

Application for Relief from Weapons Disability (R.C. 2923.14)

Applicant, _____ *(full legal name),* states that:

1. I am a resident of _____County.

2. I am filing this action pursuant to R.C. 2923.14 to obtain relief from a firearms disability so that I may legally acquire, carry, possess, and use a firearm.

3. The following information is complete and accurate regarding my firearms disability:

List each offense on a separate line. If additional lines are needed, list on a separate page(s).

Indictment(s), conviction(s), protection order(s), or adjudication(s) upon which the disability is based	The sentence or disposition imposed and served or the term or any protection order.	Any release granted under a community control or post-release control sanction, or parole.	Any partial conditional pardon granted, or other disposition of each case.	Court name, state, and date where this occurred.

4. I have ☐ completed all the terms and condition of the imposed sentence or disposition ☐ been released on bail or recognizance.

5. Since the date of discharge or release, I have been a law-abiding citizen.

6. I am now fit to acquire, have, carry, or use a firearm because: _____

_____

_____

_____

_____

7. I am not otherwise prohibited by law from acquiring, having, or using firearms.

8. I will pay all costs of this proceeding.

9. I acknowledge that my application will be denied if I have been convicted of or plead guilty to certain crimes outlined in R.C. 2923.14(A)(2) and may be denied for other reasons.

10. I acknowledge that the Court may revoke my firearm privileges at any time for good cause shown and upon notice to me.

11. I request that I be granted full rights to lawfully acquire, have, carry , and use firearms to the extent permitted by law and that the disability prohibiting such activities be removed.

_____ _____

Print Name Signature

_____ _____

Address City, State, Zip

_____

Phone

I hereby certify that a true and correct copy of the foregoing Application shall be served on the Richland County Prosecutor. Failure to do so could result in the Application being denied by the Court.

TO THE CLERK:

Please serve a copy of this Application for Relief from Firearms Disability upon the Richland County Prosecutor.

_____

Signature