

**Criminal Case Form**

*This form may be duplicated as necessary for each conviction*

Name \_\_\_\_\_  
                    First                                    Middle                                    Last

Date of incident (or time period involved) \_\_\_\_\_

Location incident occurred \_\_\_\_\_  
  City                                    County                                    State

Name and location of court involved:

    Name of court \_\_\_\_\_  
    City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Names and location of law enforcement agency involved:

    Name of law enforcement agency \_\_\_\_\_  
    City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Charge(s) at time of arrest \_\_\_\_\_

Charge(s) convicted of \_\_\_\_\_

Conviction date \_\_\_\_\_

Description of incident \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

You must submit all information, including copies of court orders, etc. pertaining to your criminal history. Do not rely on the results of your fingerprint background check as disclosure of your criminal history upon applying for the license. If you have more than one criminal incident to disclose, you must copy this form and provide a completed form and court records for each incident.

You must submit copies of your court records, probation records, or any mitigating documents that may assist the Board members in their determination with this application and fee of \$25.00. The fee must be submitted via certified check or money order payable to Treasurer, State of Ohio to the Ohio Veterinary Medical Licensing Board, 77 So. High St., 16<sup>th</sup> Floor, Columbus, OH 43215.