



BCI Identification
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Email:
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BCI CORRECTION FORM FOR COURTS

Please add/delete/modify the following disposition:

Date:

Submitting court:

INFORMATION INITIALLY SUBMITTED & ON CCH:

ITN Number _____

Name _____

DOB & SSN _____

DOA _____

CHARGE _____

Disposition _____

CHANGES TO BE MADE TO WHAT WAS ORIGINALLY SUBMITTED OR ON CCH:

Additional conviction/dismissals(s):

Delete conviction/dismissal(s):

Modify conviction/dismissal(s) or case number(s):

Report a vacate order:

Report a duplicate ITN number:

Prosecutor declined/did not file charges:

Submitted by:

Phone # _____

Fax # _____

E-mail address _____
