

IN THE _____ COURT

_____ COUNTY, OHIO

Applicant Name : Case No(s): _____
: _____
: _____
: _____
: Judge: _____
: _____
: **Application to Seal Records of Nonconviction**
: **Pursuant to R.C. 2953.52**

The Applicant moves the Court to order the sealing of the record of arrest, charge(s), and _____ in this case and all related records. The Applicant hereby certifies all requirements for sealing the records are met.

_____ Name of Applicant	_____ Name of Attorney (if applicable)
_____ Signature of Applicant (if pro se)	_____ Signature of Attorney (if applicable)
_____ Street Address of Applicant	_____ Attorney Registration No. (if applicable)
_____ City, State, and Zip Code of Applicant	_____ Street Address of Attorney (if applicable)
_____ Driver's License No of Applicant (if applicable)	_____ City, State, and Zip Code of Attorney (if applicable)
_____ Telephone of Applicant (if pro se)	_____ Email Address of Attorney (if applicable)
	_____ Telephone of Attorney (if applicable)

(TO BE COMPLETED BY THE COURT)

SERVICE

A copy of this application was served by this Court on the Office of the Prosecutor for _____, this _____ day of _____, 20_____.