**IN THE COURT OF COMMON PLEAS**

**JUVENILE DIVISION**

**LORAIN COUNTY, OHIO**

IN THE MATTER OF Case Number(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Judge: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Application to Seal and/or**

Applicant Name **Expunge Record**

The undersigned Applicant requests the Court to order the sealing and/or expungement of records pertaining to a juvenile, as permitted under R.C. 2151.356, 2151.357, 2151.358.

Applicant is requesting the Court (check all that apply):

Seal the record (R.C. 2151.356, 357)  Expunge the record (R.C. 2151.358)

The type of case the Applicant is seeking to be sealed and/or expunged:

Delinquency  Traffic  Unruly  Unofficial

Applicant meets the following requirements:

Eighteen (18) years or older

Under eighteen (18) years old, and it has been six (6) months since the later of the following: (1) The termination of any order made by the Court relative to adjudications; or (2) Being unconditionally discharged from DYS with respect to a dispositional order made as a result of the adjudication, or from an institution or facility to which Applicant was committed pursuant to a dispositional order made in relation to the adjudication.

Applicant represents that there is no civil action pending based on the above referenced cases that Applicant is seeking to have sealed and expunged.

Yes  No

Applicant represents the following regarding other adjudications/convictions (check one):

Applicant has **not** been adjudicated or convicted of any other juvenile and/or adult criminal or traffic offense since applicant’s last contact with the Court for this offender/case.

Applicant has been adjudicated and/or convicted of another juvenile and/or adult criminal and/or traffic offense since applicant’s last contact with the Court for this offense/case. **If you check this box, please complete the following**. You may attach additional pages if necessary.

\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Offense/Charges Court

\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Offense/Charges Court

Applicant requests the Court consider the following information (check all that apply)

**Education** (include schools attended, dates attended, and status):

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Employment** (include employer, dates employed, and reason for leaving):

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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Applicant provides the following information to demonstrate that the Applicant has been rehabilitated to a satisfactory degree (you may attach additional pages if necessary:

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The Applicant hereby certifies that all requirements for sealing and/or expunging the records are met.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Applicant Name of Attorney (if applicable)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Applicant Signature of Attorney (if applicable)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street Address of Applicant Address of Attorney

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City, State, & Zip Code of Applicant E-mail Address of Attorney

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Birthdate & Last 4 Digits of SSN of Applicant Telephone Number of Attorney

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone Number of Applicant

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail address of Applicant

(TO BE COMPLETED BY THE COURT)

A copy of this Application was served by this Court on the Office of the Prosecutor for

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_.