

IN THE MARYSVILLE MUNICIPAL COURT, UNION COUNTY, OHIO

APPLICANT'S NAME

CASE NO(s). _____

APPLICANT'S ADDRESS

APPLICANT'S PHONE NUMBER(S)

APPLICATION FOR SEALING
CRIMINAL RECORD
PURSUANT TO RC 2953.32

SS#

DOB

Applicant's Maiden Name (if applicable)

Applicant requests that this Court seal Applicant's criminal record because of the facts and reasons stated below:

Offense #1

Case No. _____

Offense Description _____

ORC or City Code _____

Conviction or Dismissal? _____

Conviction/Dismissal Date _____

Probation Ending Date: _____

Offense #2

Case No. _____

Offense Description _____

ORC or City Code _____

Conviction or Dismissal? _____

Conviction/Dismissal Date _____

Probation Ending Date: _____

(If more than 2 offenses, use an additional sheet)

- 7) Any previous convictions: Yes _____ No _____ (if Yes, list the charges, the convicting court(s), and the final disposition on each case: _____

- 8) Any convictions since the conviction(s) noted in 3) above? _____

- 9) Any pending cases? Yes _____ No _____ (if Yes, list the charges and the court(s) in which the cases are pending? _____

- 10) State why you want this conviction sealed? _____

Under the penalties of perjury and falsification I, _____
(Applicant), state that the above foregoing information is true to the best of my knowledge and belief.

Applicant's Signature

Applicant's Printed Name

Date