

IN THE \_\_\_\_\_ COURT  
 \_\_\_\_\_ COUNTY, OHIO

Applicant Name \_\_\_\_\_ :  
 :  
 : Case No(s). \_\_\_\_\_  
 : \_\_\_\_\_  
 :  
 : Judge: \_\_\_\_\_  
 :  
 : **Application to Seal Juvenile Record Pursuant to**  
 : **R.C. 2151.356**

The Applicant moves the Court to order the sealing of records pertaining to a juvenile pursuant to R.C. 2151.356. In support of this application, the Applicant provides the following information:

1. Type of Case:  Delinquency  Traffic  Unruly child
2. Were you on probation or parole as a result of this charge?  Yes  No  
 If Yes, name of probation or parole officer \_\_\_\_\_

3. To the best of your knowledge, have you been adjudicated or convicted of any other juvenile and/or adult criminal or traffic offense since your last contact with the Court for this offense or this case?  Yes  No

If Yes, please complete the following (you may attach additional pages if necessary):

| Date | Offense | Court or Location |
|------|---------|-------------------|
|      |         |                   |
|      |         |                   |
|      |         |                   |

4. If you have a driver's license, is it currently suspended?  Yes  No
5. Please indicate any other information you would like the Court to know in reviewing your application (you may attach additional pages if necessary).

---



---



---



---



---



---

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\_\_\_\_.