

**IN THE FRANKLIN COUNTY MUNICIPAL COURT
COLUMBUS, OHIO**

_____,
Plaintiff (Landlord),
v.
_____,
Defendant (Tenant).

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Case No. _____

**APPLICATION AND AFFIDAVIT TO REMOVE EVICTION
RECORD FROM ONLINE ACCESS**

I, _____, am a party / interested party in the above-captioned case. In this case, a complaint for eviction was filed and:

- a judgment for eviction was granted against me, or someone else.
- judgment for eviction was denied and/or the complaint for eviction was dismissed.

The presumption of allowing public access to this case is outweighed by a higher interest for the following reason(s):

- I had fully moved out from, or never was in possession of, the property at issue in this case at the time the complaint was filed.
 - I had fully moved out from the property at issue in this case at the time the judgment for eviction was granted.
 - I was legally a minor at the time the complaint was filed.
 - There is an identity issue.
 - The public's access to this eviction case record is a significant hardship for me.
 - Other: _____
- _____
- _____

The following is a true and accurate detailed description of the reason(s) the presumption of allowing public access to this case is outweighed by the higher interest stated above.

The following documentation or other evidence, described below, supports my application. I have attached a true and accurate copy of the same, which I hereby incorporate by reference.

For the reasons stated in this application, I request that the court restrict public access to this case pursuant to Sup.R. 45(E).

AFFIDAVIT IN SUPPORT OF MOTION

I, _____, declaring to be a resident of the state of Ohio and County of _____, do hereby affirm and certify that I am competent to give the following declarations based on my personal knowledge, unless otherwise stated, and that the facts in this application are true to the best of my knowledge.

Defendant

STATE OF OHIO, COUNTY OF FRANKLIN SS:

Sworn to and subscribed in my presence this ____ day of _____, 20 ____.

Notary Public

CERTIFICATE OF SERVICE

I certify that a copy of this document was mailed to:

Name of Opposing Party's Attorney (or Opposing Party if there is no attorney)

by regular United States Mail to:

Street Address

City, State, Zip Code

on _____
Date

Signature

Print Name

Street Address

City, State, Zip code

Telephone Number

Email Address