

**FRANKLIN COUNTY MUNICIPAL COURT CLERK
SEALINGS AND EXPUNGMENTS SECTION
375 SOUTH HIGH STREET, 2ND FLOOR
COLUMBUS, OH 43215**

_____ **CRX** _____ **(CLERK'S OFFICE USE ONLY)**

JUDGE _____ **(CLERK'S OFFICE USE ONLY)**

APPLICATION FOR SEALING OF RECORDS – R.C. 2953.32/2953.52

In re: Application for the Sealing of Records of:

Full Name:	Alias/Maiden Name:	
Address:	Phone Number:	
City:	State:	ZIP:
Date of Birth:	SSN:	

<u>Case Number</u>	<u>Result</u>	<u>Date of Result</u>	<u>Charge</u>
	<input type="checkbox"/> Conviction		
	<input type="checkbox"/> Not Guilty / Dismissal		
	<input type="checkbox"/> Bail Forfeiture		
	<input type="checkbox"/> Conviction		
	<input type="checkbox"/> Not Guilty / Dismissal		
	<input type="checkbox"/> Bail Forfeiture		
	<input type="checkbox"/> Conviction		
	<input type="checkbox"/> Not Guilty / Dismissal		
	<input type="checkbox"/> Bail Forfeiture		

(Use Page 2 if needed)

The above-named applicant states that s/he qualifies for a sealing of records under the applicable provisions of R.C. Chapter 2953. If the records to be sealed include a conviction, the applicant requests that any accompanying charges that were dismissed also be sealed.

Applicant or Attorney Signature Date

Defendant's Attorney Supreme Court #

Defendant's Attorney's Address Phone Number

CERTIFICATE OF SERVICE

I, the undersigned, do hereby certify that a copy of this Application for Sealing Records was served upon the Prosecutor's Office on this _____ day of _____, _____.

DEPUTY CLERK

Additional Case Numbers

Case Number	Result	Date of Result	Charge
	<input type="checkbox"/> Conviction		
	<input type="checkbox"/> Not Guilty / Dismissal		
	<input type="checkbox"/> Bail Forfeiture		
	<input type="checkbox"/> Conviction		
	<input type="checkbox"/> Not Guilty / Dismissal		
	<input type="checkbox"/> Bail Forfeiture		
	<input type="checkbox"/> Conviction		
	<input type="checkbox"/> Not Guilty / Dismissal		
	<input type="checkbox"/> Bail Forfeiture		
	<input type="checkbox"/> Conviction		
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