

**FRANKLIN COUNTY MUNICIPAL COURT
DEPARTMENT OF PROBATION SERVICES**

**Molly L. Gauntner
Chief Probation Officer**

**Melinda C. Brooks
Deputy Chief Probation Officer**



**Promoting community safety by reducing
recidivism, changing offender behavior,
and fostering accountability through the
effective use of evidence based practices.**

375 S. High Street, 8th Floor
Columbus, OH 43215-4520
(614) 645-8360
(FAX) (614) 645-8626

**Probation Officer Supervisors:
Annette M. Busch
Ronald Fowler
Michael A. Graves
Cassandra Munoz
Tad Thomas**

**Support Staff Supervisor:
Beverly A. Sullivan**

**Community Sanctions Supervisor:
Christine R. Seymour**

**Probation Assisted Victim
Empowerment Division Supervisor:
Adele J. Lifer**

YOU ARE TO COMPLETE THE ATTACHED WORKSHEET TO THE BEST OF YOUR RECOLLECTION. THIS INFORMATION IS REQUIRED BY THE DEPARTMENT OF PROBATION SERVICES INVESTIGATION UNIT AND WILL AID IN THE PREPARATION OF THE SEALING OF RECORD REPORT THAT WILL BE SUBMITTED TO THE COURT. THE INFORMATION YOU PROVIDE MAY ASSIST THE COURT IN DETERMINING WHETHER YOUR REQUEST TO SEAL YOUR RECORDS MAY OR WILL BE GRANTED.

RETURN THE COMPLETED WORKSHEET WITHIN TEN WORKING DAYS. YOU MAY MAIL, FAX OR HAND-DELIVER THE WORKSHEET TO:

**FRANKLIN COUNTY MUNICIPAL COURT
DEPARTMENT OF PROBATION SERVICES
INVESTIGATION UNIT – SEALING OF RECORDS
375 SOUTH HIGH STREET, 8TH FLOOR
COLUMBUS, OHIO 43215-4520**

FAX: (614) 645-8626

IF YOU HAVE ANY QUESTIONS CONCERNING YOUR REPORT, CALL (614) 645-8360 AND REQUEST TO SPEAK TO THE INVESTIGATOR ASSIGNED TO YOUR SEALING OF RECORD CASE.

**FRANKLIN COUNTY MUNICIPAL COURT
DEPARTMENT OF PROBATION SERVICES**

SEALING OF RECORD

APPLICANT INFORMATION

LAST NAME	FIRST NAME	MIDDLE NAME
-----------	------------	-------------

MAIDEN NAME/ ALIAS	FIRST NAME	MIDDLE NAME
--------------------	------------	-------------

SOCIAL SECURITY NUMBER	DOB	SEX
------------------------	-----	-----

CURRENT ADDRESS	CITY	STATE	ZIP
-----------------	------	-------	-----

BIRTHPLACE

LIST CITIES OTHER THAN ABOVE WHERE YOU HAVE RESIDED (WITH DATES)

EDUCATION:

EDUCATION LEVEL	SCHOOL NAME & LOCATION	LAST GRADE COMPLETED	DEGREE & DATE
HIGH SCHOOL			
TRADE SCHOOL			
COLLEGE			

EMPLOYMENT:

NAME OF EMPLOYER OR INCOME SOURCE	JOB TITLE	PERIOD OF EMPLOYMENT

CASE(S) FOR SEALING:

DATE	CASE NUMBER	CHARGE	DISPOSITION

OTHER CONVICTION(S):

DATE	CASE NUMBER	CHARGE	DISPOSITION

