

IN THE _____ COURT
_____ COUNTY, OHIO

Applicant Name : Case No(s). _____
: _____
: _____
: _____
: Judge: _____
: _____
: **Application to Seal Record of Conviction**
: **Pursuant to R.C. 2953.32**

The Applicant moves the Court to order the sealing of the record of conviction in this case and all related records pursuant to R.C. 2953.32.

The Applicant hereby certifies all requirements for sealing the record of conviction 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____.