

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

CRX

**JUDGE** \_\_\_\_\_

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

**In re: Application for the Sealing of Records of:**

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

<b><u>Case Number</u></b>	<b><u>Result</u></b>	<b><u>Date of Result</u></b>	<b><u>Charge</u></b>
	<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**

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