IN THE			COURT	
	COUNTY, OHIO			
Applicant Name		: Case No(s)		
		: : Judge:		
		Application to Se R.C. 2151.356	eal Juvenile Record Pursuant to	
		Court to order the sealing of records papplication, the Applicant provides the		
1.	Type of Case: ☐ Delinquency ☐ Traffic ☐ Unruly child			
2.	Were you on probation or parole as a result of this charge? \square Yes \square No			
	If Yes, name of probation or parole officer			
3.	To the best of your knowledge, have you been adjudicated or convicted of any other juvenile and/or adult criminal or traffic offense since your last contact with the Court for this offense or this case? \square Yes \square No			
	If Yes, please com	plete the following (you may attach ac	dditional pages if necessary):	
	Date	Offense	Court or Location	
4.	If you have a driver's license, is it currently suspended? ☐ Yes ☐ No			
5.	Please indicate any other information you would like the Court to know in reviewing your application (you may attach additional pages if necessary).			

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The Applicant hereby certifies all requirements for sealing t	he records 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 the for, this d				

Effective Date: October 1, 2020