

**PLEASE FOLLOW THE BELOW SEQUENCE WHEN FILING FOR SEALING OF RECORD. A \$50.00 FILING FEE IS DUE UPON COMPLETION OF THIS APPLICATION. MAKE PAYABLE TO THE BUTLER COUNTY CLERK OF COURTS. FILE APPLICATION WITH THE CLERK OF COURTS OFFICE.**

Page 1: **Motion for Expungement of Record**

FILL IN BLANKS WITH APPROPRIATE INFORMATION.

- A. Court Name (top of Page)
- B. Case Number
- C. State of Ohio vs. Applicant's name
- D. First paragraph – Case Number \_\_\_\_\_, Date \_\_\_\_\_
- E. Second paragraph – I. Applicant's name
- F. Time (second paragraph)
- G. Respectfully submitted, Applicant's name
- H. Proof of Service – Fill in Court's name and date and take to Prosecuting Office  
(Done by Applicant).

Page 2: **Entry** – Orders investigation of applicant by the Adult Probation Department

FILL IN BLANKS WITH APPROPRIATE INFORMATION

- A. Court Name (Top of Page)
- B. Case Number
- C. State of Ohio vs. Applicant's name
- D. First paragraph – Applicant's name. Court name
- E. Second paragraph – Court name
- F. Bottom of Page – Attorney's name or applicant's name, address, phone number

Page 3: **Questionnaire** (two pages)

FILL IN BLANKS WITH APPROPRIATE INFORMATION

- A. Completely fill out questionnaire, where applicable, on first page
- B. Page 2 – Complete all personal data, recent work experience, and military service
- C. Page 3 – Complete as necessary.

Page 4: **Jails**

FILL IN BLANKS WITH APPROPRIATE INFORMATION

- A. Fill in all jails that you were held in.

Page 5: **Authorization to Release Confidential Information**

(Two pages for a total of six authorizations)

- A. Sign full name in section marked signature.

STATE OF OHIO

IN THE BUTLER COUNTY

PLAINTIFF

\_\_\_\_\_  
(COURT)

-vs-

STATE OF OHIO, BUTLER CO.

CASE NO. \_\_\_\_\_

MOTION FOR SEALING OF  
RECORD OF CONVICTION

\_\_\_\_\_  
APPLICANT

Now comes \_\_\_\_\_ and petitions this Honorable Court for an Order to  
(Applicant's name)  
Seal the Record of conviction in case No. \_\_\_\_\_ which case was dated

\_\_\_\_\_.

I, \_\_\_\_\_, make this petition on the basis that I am an eligible  
(Applicant's name)  
offender, and that more than \_\_\_\_\_ has passed since my conviction and discharge  
(Time)  
date. There are no criminal charges pending against me, and I am rehabilitated, and the sealing  
of my convictions is consistent with the public interest.

Respectfully submitted,

\_\_\_\_\_  
(Applicant's Signature)

**PROOF OF SERVICE**

A copy of my request was delivered to the Prosecuting Attorney of \_\_\_\_\_  
(Court)  
on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

IN THE BUTLER COUNTY

\_\_\_\_\_  
(COURT)  
STATE OF OHIO, BUTLER COUNTY

STATE OF OHIO : CASE NO. \_\_\_\_\_  
PLAINTIFF :  
-vs- :  
\_\_\_\_\_  
APPLICANT : ENTRY

.....

1. This matter came before the Court upon this Application of the Applicant herein,  
\_\_\_\_\_, for sealing of his/her record in \_\_\_\_\_.  
Applicants Name Court Name

2. The court orders that said Application shall be set for hearing eight weeks after the filing of said packet on \_\_\_\_\_ at \_\_\_\_\_ a.m. The Court further finds that the Butler County Adult Probation Department shall investigate the background of the Applicant herein, be notified of said proceedings, and that the Prosecuting Attorney of said Court shall be notified of said proceedings by the Clerk of said Court.

3. IT IS FURTHER ORDERED, ADJUDGED, AND DECREED that the Butler County Adult Probation Department be, and they are hereby ordered, to investigate the background of the said Applicant to determine whether or not he/she has been convicted of any violations of any local, state or federal statute, other than his conviction in above mentioned case, and employment status, and in any other areas thought by the Butler County Adult Probation Department to be helpful in assisting the Court to determine whether or not said Applicant's record should be sealed under the law of the State of Ohio, as specified in Section 2953.31 Et Seq. Ohio Revised Code.

APPROVED

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
JUDGE

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Phone No.)

**PLEASE ANSWER EVERY QUESTION  
PERSONAL DATA**

NAME \_\_\_\_\_ ANY OTHER LAST NAME USED \_\_\_\_\_

CURRENT ADDRESS \_\_\_\_\_  
\_\_\_\_\_

LENGTH OF TIME AT THIS ADDRESS \_\_\_\_\_ PREVIOUS ADDRESS IF LESS THAN 3 YEARS  
\_\_\_\_\_

SOCIAL SECURITY NUMBER \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

AGE \_\_\_\_\_ RACE \_\_\_\_\_ HEIGHT \_\_\_\_\_ WEIGHT \_\_\_\_\_ HAIR \_\_\_\_\_ EYES \_\_\_\_\_

SEX \_\_\_\_\_ PLACE OF BIRTH \_\_\_\_\_ LIST ALL CITIES AND STATES THAT YOU  
HAVE LIVED IN \_\_\_\_\_  
\_\_\_\_\_

MARITAL STATUS \_\_\_\_\_ NUMBER OF YEARS \_\_\_\_\_ #OF PRIOR MARRIAGES AND WHO YOU  
WERE MARRIED TO \_\_\_\_\_  
\_\_\_\_\_

CHILDREN \_\_\_\_\_ AGES \_\_\_\_\_

HIGHEST GRADE COMPLETED & NAME OF SCHOOL \_\_\_\_\_  
\_\_\_\_\_

EMPLOYED BY \_\_\_\_\_ TITLE \_\_\_\_\_

DATE EMPLOYED \_\_\_\_\_ WAGE OR SALARY \_\_\_\_\_

PREVIOUS EMPLOYMENT PAST 3 YEARS \_\_\_\_\_  
\_\_\_\_\_

HAVE YOU EVER BEEN IN THE MILITARY \_\_\_\_\_ DATE ENTERED \_\_\_\_\_

DATE DISCHARGE \_\_\_\_\_ BRANCH OF SERVICE \_\_\_\_\_

TYPE OF DISCHARGE \_\_\_\_\_ HIGHEST RANK HELD \_\_\_\_\_

SERVICE NUMBER \_\_\_\_\_ WHERE WERE YOU STATIONED \_\_\_\_\_  
\_\_\_\_\_

ANY DISCIPLINARY ACTIONS OR COURT MARTIAL'S \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

OFFENSE DATA

WHICH COURT/JUDGE DECIDED YOUR CASE \_\_\_\_\_ CASE # \_\_\_\_\_

CHARGES YOU WERE ARRESTED ON \_\_\_\_\_

\_\_\_\_\_  
DATE OF ARREST \_\_\_\_\_ WHICH POLICE DEPARTMENT MADE THE ARREST \_\_\_\_\_

\_\_\_\_\_  
DATE OF PLEA/COURT DECISION \_\_\_\_\_

WHAT CHARGES DID YOU PLEA TO OR FOUND GUILTY OF \_\_\_\_\_

\_\_\_\_\_  
DATE OF SENTENCE \_\_\_\_\_ WHAT SENTENCE WAS IMPOSED \_\_\_\_\_

\_\_\_\_\_  
SUMMARY OF OFFENSE \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

HAVE ALL COURT COSTS, FINES, RESTITUTION BEEN PAID \_\_\_\_\_

HAVE YOU EVER BEEN ARRESTED/CONVICTED OF ANY OTHER OFFENSE BEFORE THIS OR AFTER  
THIS \_\_\_\_\_ IF YES, WHERE AND WHEN \_\_\_\_\_

\_\_\_\_\_  
DO YOU HAVE A CRIMINAL HISTORY IN ANY JUVENILE COURT SYSTEM \_\_\_\_\_

IF YES WHERE AND WHEN \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_



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**AUTHORIZATION TO RELEASE CONFIDENTIAL INFORMATION**

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NAME (LAST, FIRST, MIDDLE)	DATE OF BIRTH	DATE SIGNED
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Authorization release to the Adult Probation Department all confidential records and information concerning me.

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(Signature)

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NAME (LAST, FIRST, MIDDLE)	DATE OF BIRTH	DATE SIGNED
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Authorization release to the Adult Probation Department all confidential records and information concerning me.

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(Signature)

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NAME (LAST, FIRST, MIDDLE)	DATE OF BIRTH	DATE SIGNED
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(Signature)