

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 a first time
(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 _____, 200__.

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 _____

AUTHORIZATION TO RELEASE CONFIDENTIAL INFORMATION

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.

(Signature)

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.

(Signature)

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.

(Signature)