

IN THE DELAWARE MUNICIPAL COURT

APPLICATION FOR SEALING CRIMINAL
RECORD PURSUANT TO ORC 2953.32/33

Case Nos. _____

Applicant Information (Must provide all information requested)

Full Name: *Include maiden name if applicable.			
Address:			
City, State and Zip:			
Phone Number:			
Last 4 of Social Security No:	XXX-XX-	Date of Birth:	

Please list all convictions, bond forfeitures, or dismissed/acquitted charges that you wish to have sealed?

Offense #1

Case Number _____

Offense Description _____

Ohio Revised Code or City Code section _____

Conviction or dismissal? _____

Date of Conviction or Dismissal _____

Probation discharge date _____

Fines or Court Costs owed? _____

Restitution owed? _____

Did this charge or case involve a victim? _____

Offense #2

Case Number _____
Offense Description _____
Ohio Revised Code or City Code section _____
Conviction or dismissal? _____
Date of Conviction or Dismissal _____
Probation discharge date _____
Fines or Court Costs owed? _____
Restitution owed? _____
Did this charge or case involve a victim? _____

Offense #3

Case Number _____
Offense Description _____
Ohio Revised Code or City Code section _____
Conviction or dismissal? _____
Date of Conviction or Dismissal _____
Probation discharge date _____
Fines or Court Costs owed? _____
Restitution owed? _____
Did this charge or case involve a victim? _____

***If more than three cases or offenses, please use additional forms to complete the application, one for EACH case and charge that you wish to have sealed**

Please answer completely and honestly all questions below:

1. Do you have any convictions, BEFORE those listed above? If yes list the charges, court, and final disposition of each charge and case:

2. Do you have any convictions, AFTER those listed above? If yes list the charges, court, and final disposition of each charge and case:

3. Do you have any cases pending NOW? If yes list the charges, court, and status of each case:

4. Why do you want these records sealed?

Under penalties of perjury and falsification I, _____ (Applicant), state that the above information is true and correct to the best of my knowledge and belief.

Applicant's Printed Name

Applicant's Signature / Date

Applicant's Email

Applicant's Phone Number

Attorney's Name

Attorney's Signature / Date

Attorney's Email

Attorney's Phone Number \