IN THE _____ COURT

_____ COUNTY, OHIO

_____	:	
Applicant Name	:	Case No(s). _____
	:	_____
	:	
	:	Judge: _____
	:	
	:	**Application to Seal Records of Nonconviction**
	:	**Pursuant to R.C. 2953.52**

The Applicant moves the Court to order the sealing of the record of arrest, charge(s), and _____ in this case and all related records. The Applicant is not depositing a fee with this application, as R.C. 2953.52 does not require a fee to seal records after a not guilty finding, dismissal of proceedings, or a no bill by a grand jury. The Applicant hereby certifies all requirements for sealing the 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 this Court on the Office of the Prosecutor for _____, this _____ day of _____, 20___.