

MOUNT VERNON MUNICIPAL COURT CRIMINAL RECORD SEALING / EXPUNGEMENT APPLICATION

APPLICATION FOR RECORD SEALING/EXPUNGEMENT – R.C. 2953.32/2953.33

Full Name:	Alias/Maiden Name:	
Address:	Phone Number:	
City:	State:	Zip Code:
Date of Birth:	SSN:	
Email Address:		

Case Number	Application for	Charge(s)
	<input type="checkbox"/> Sealing Conviction / Bail forfeiture <input type="checkbox"/> Expunging Conviction / Bail forfeiture <input type="checkbox"/> Sealing Not Guilty / Dismissal <input type="checkbox"/> Expunging Not Guilty / Dismissal	
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