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)
	☐ Sealing Conviction / Bail forfei	ture	
	☐ Expunging Conviction / Bail fo	rfeiture	
	☐ Sealing Not Guilty / Dismissal		
	☐ Expunging Not Guilty / Dismis	sal	
	☐ Sealing Conviction / Bail forfei	ture	
	☐ Expunging Conviction / Bail fo	rfeiture	
	☐ Sealing Not Guilty / Dismissal		
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	☐ Sealing Not Guilty / Dismissal		
	☐ Expunging Not Guilty / Dismis.	sal	

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	☐ Sealing Conviction / Bail forfeiture	
	☐ Expunging Conviction / Bail forfeiture	
	☐ Sealing Not Guilty / Dismissal	
	☐ Expunging Not Guilty / Dismissal	
	☐ Sealing Conviction / Bail forfeiture	
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	☐ Sealing Conviction / Bail forfeiture	
	☐ Expunging Conviction / Bail forfeiture	
	☐ Sealing Not Guilty / Dismissal	
	☐ Expunging Not Guilty / Dismissal	
Use additional boxes on page three, if nece The above-named applicant sta of R.C. Chapter 2953.	•	ght above, under the applicable provision(s)
	Applicant or Attorney	y Signature Date
Applicant's Attorney		Supreme Court #
Applicant's Attorney's Address		Phone Number
L the undersioned do hereby o	Certificate of Service	for Record Sealing and/or Expungement was
served upon the prosecutor(s) on this _		
		Deputy Clerk

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Case Number	Application for	Charge(s)
	☐ Sealing Conviction / Bail forfeiture	
	☐ Expunging Conviction / Bail forfeiture	
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	☐ Expunging Not Guilty / Dismissal	

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