

FRANKLIN COUNTY MUNICIPAL COURT

CRIMINAL RECORD SEALING / EXPUNGEMENT APPLICATION

File with the Clerk of Court's Record Sealing Section: 375 S. High St. 2nd. Floor, Columbus, Ohio 43215

_____ CRX _____ (Clerk's Office Use Only)

Judge _____ (Clerk's Office Use Only)

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"/> Sealing Not Guilty / Dismissal	
	<input type="checkbox"/> Expunging Conviction / Bail forfeiture	
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	<input type="checkbox"/> Sealing Not Guilty / Dismissal	
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	<input type="checkbox"/> Expunging Conviction / Bail forfeiture	

Use additional boxes on page three, if necessary.

The above-named applicant states that they qualify for the relief sought above, under the applicable provision(s) of R.C. Chapter 2953.

Applicant or Attorney Signature

Date

Applicant's Attorney

Supreme Court #

Applicant's Attorney's Address

Phone Number

Certificate of Service

I, the undersigned, do hereby certify that a copy of this Application for Sealing of Records was served upon the prosecutor(s) on this _____ day of _____, _____.

Deputy Clerk

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