## FRANKLIN COUNTY MUNICIPAL COURT CRIMINAL RECORD SEALING APPLICATION

File with the Clerk of Court's Record Sealing Section Located on the 2nd floor of 375 S. High St., Columbus, Ohio 43215 Phone: 614-645-1706

\_ CRX \_\_\_\_\_ (Clerk's Office Use Only)

Judge	(Clerk's Office Use Only)				
APPLICATION FOR	SEALING OF RECORDS	- R.C. 2953.32/2953.5	2		
n re: Application for t	the Sealing of Records of:				
Full Name:		Alias/Maiden Name:			
Address:		Phone Number:			
City:		State:	Zip Code:		
Date of Birth:		SSN:			
Email Address:					
Case Number	Result	Date of Result	Charge(s)		
	□ Conviction				
	☐ Not Guilty / Dismissal				
	☐ Bail forfeiture				
	☐ Not Guilty / Dismissal				
	☐ Bail forfeiture				
	□ Not Guilty / Dismissal				
	☐ Bail forfeiture				
	□ Conviction				
	□ Not Guilty / Dismissal	1			
	☐ Bail forfeiture	1			
	□ Conviction				
	☐ Not Guilty / Dismissal	1			
	☐ Bail forfeiture				

Use additional boxes on page three, if necessary.

The above-named applicant states that s/h provisions of R.C. Chapter 2953.	ne qualifies for record sealing under the app	licable
_	Applicant or Attorney Signature	Date
Applicant's Attorney	Supi	reme Court #
Applicant's Attorney's Address	Pl	hone Numbe
Certific	eate of Service	
I, the undersigned, do hereby certify that a served upon the City Attorney's Office on this	a copy of this Application for Sealing of Re,	
	Deputy Clerk	

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Case Number	Result	Date of Result	Charge(s)
	☐ Not Guilty / Dismissal		
	☐ Bail forfeiture		
	□ Not Guilty / Dismissal		
	☐ Bail forfeiture		
	□ Conviction		
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	□ Conviction		
	☐ Not Guilty / Dismissal		
	☐ Bail forfeiture		

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