

**COURT OF COMMON PLEAS  
SANDUSKY COUNTY, OHIO  
JUVENILE DIVISION**

EXPUNGEMENT APPLICATION  
(O.R.C. 2151.358)

Please Print.

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
(Applicant should list name when the juvenile record was obtained, even if different now)

Date of Birth: \_\_\_\_\_ Social Security No.: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Has the record(s) already been sealed? Yes \_\_\_\_\_ No \_\_\_\_\_

\*\*A record that has been sealed by the Court will automatically be expunged 5 years  
after it is sealed or at the age of 23, whichever date is earlier\*\*

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Case number(s) requested to be expunged:

\_\_\_\_\_

\_\_\_\_\_

The applicant requests that the record should be expunged early for the following reasons:

\_\_\_\_\_

\_\_\_\_\_

The undersigned applicant hereby requests that the applicant's record be expunged.

The applicant also authorizes the release of any school and/or police report that may aid the court in making a finding in this matter.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date