COURT OF COMMON PLEAS
SANDUSKY COUNTY, OHIO
JUVENILE DIVISION

RESET

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

PRINT