

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

SEALING APPLICATION
(O.R.C. 2151.356)

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: _____

I.D. Number: _____

Case number(s) requested to be sealed: (Clerk will provide a list of priors if you don't know the case numbers)

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

The applicant states that the applicant is not currently under the jurisdiction of the Court in relation to a delinquency complaint and that at least six (6) months has passed since the termination of any order made by the Court in relation to the case or any unconditional discharge from any institution or facility if the applicant was committed to an institution or facility in relation to the case. The Court's order determining that the applicant is no longer a juvenile offender registrant.

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