

**APPLICATION TO EXPUNGE RECORD**

OHIO REVISED CODE § 2151.358

NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_ AGE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

DRIVER'S LICENSE NUMBER: \_\_\_\_\_

IS YOUR DRIVER'S LICENSE CURRENTLY SUSPENDED? YES \_\_\_\_\_ NO \_\_\_\_\_

TYPE OF RECORD SEALED: DELINQUENCY \_\_\_\_\_ TRAFFIC \_\_\_\_\_

DATE OF SEALING ORDER: \_\_\_\_\_

NATURE OF THE OFFENSE FOR WHICH THE RECORD WAS SEALED: \_\_\_\_\_

ARE YOU AWARE OF ANY CIVIL CASE THAT HAS BEEN FILED REGARDING THE CASE THAT HAS BEEN SEALED? YES \_\_\_\_\_ NO \_\_\_\_\_

HAVE YOU BEEN ADJUDICATED OR CONVICTED OF ANY JUVENILE AND/OR ADULT CRIMINAL OR TRAFFIC OFFENSE SINCE YOUR LAST CONTACT WITH THE COURT? YES \_\_\_\_\_ NO \_\_\_\_\_

IF YES, PLEASE COMPLETE THE FOLLOWING:

DATE	OFFENSE	COURT / COUNTY

PLEASE PROVIDE YOUR EDUCATION AND EMPLOYMENT HISTORY BELOW:

EMPLOYER	DATES EMPLOYED	REASON FOR LEAVING

NAME OF SCHOOL	DATE OF GRADUATION	AREA OF STUDY / DEGREE

