APPLICATION TO SEAL RECORD OHIO REVISED CODE § 2151.356

NAME:	DATE OF BIRTH:	AGE:
ADDRESS:	ZIP	CODE:
SOCIAL SECURITY NUMBER:	PHONE NUMBER: _	
DRIVER'S LICENSE NUMBER:	<u>-</u>	
TYPE OF CASE: DELINQUENCY	TRAFFIC	
WERE YOU ON PROBATION OR PAROLE A	AS A RESULT OF THIS CHARGE ?	_YES _ NO
IF YES, NAME OF PROBATION OR PAROLE	OFFICER	
HAVE YOU BEEN ADJUDICATED OR CONV CRIMINAL OR TRAFFIC OFFENSES SINCE		
YESNO		
IF YES, PLEASE COMPLETE THE FOLLOW	ING:	
<u>DATE</u> <u>OFFENSE</u>	COURT OR LOCATION	
IS YOUR DRIVER'S LICENSE CURRENTLY PLEASE INDICATE ANY OTHER INFORMATIN REVIEWING YOUR APPLICATION. (YOU NECESSARY).	TION YOU WOULD LIKE THE COUP MAY ATTACH A SEPARATE SHEE	RT TO KNOW
BY SUBMITTING THIS APPLICATION I AM F JUVENILE COURT SEAL MY RECORD PUR		
SIGN	NATURE OF APPLICANT	DATE
	IATURE OF PARENT/GUARDIAN PPLICANT IS UNDER AGE 18)	DATE
*PLEASE NOTE: UPON REVIEW OF YOUR SCHEDULED. PLEASE INDICATE ANY TIME FOR A HEARING:		