

**IN THE OAKWOOD MUNICIPAL COURT  
MONTGOMERY COUNTY, OHIO**

\_\_\_\_\_  
Applicant Name

Case No(s). \_\_\_\_\_  
\_\_\_\_\_

**Judge Margaret M. Quinn**

**Application to Seal Records of Conviction  
Pursuant to R.C. 2953.32**

The Applicant moves the Court to order the sealing of the record of conviction in this case and all related records pursuant to R.C. 2953.32.

The Applicant hereby certifies all requirements for sealing the record of conviction are met.

\_\_\_\_\_  
Name of Applicant

\_\_\_\_\_  
Name of Attorney (if applicable)

\_\_\_\_\_  
Signature of Applicant (if pro se)

\_\_\_\_\_  
Signature of Attorney (if applicable)

\_\_\_\_\_  
Street Address of Applicant

\_\_\_\_\_  
Attorney Registration No. (if applicable)

\_\_\_\_\_  
City, State and Zip Code of Applicant

\_\_\_\_\_  
Street Address of Attorney (if applicable)

\_\_\_\_\_  
Driver's License No of Applicant (if applicable)

\_\_\_\_\_  
City, State and Zip Code of Attorney (if applicable)

\_\_\_\_\_  
Telephone of Applicant (if pro se)

\_\_\_\_\_  
Email Address of Attorney (if applicable)

\_\_\_\_\_  
Telephone of Attorney (if applicable)

(TO BE COMPLETED BY THE COURT)

**SERVICE**

A copy of this application was served by this Court on the Office of the Prosecutor  
for \_\_\_\_\_, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Clerk / Deputy Clerk

**IN THE OAKWOOD MUNICIPAL COURT  
MONTGOMERY COUNTY, OHIO**

\_\_\_\_\_  
Applicant Name

Case No(s). \_\_\_\_\_  
\_\_\_\_\_

**Judge Margaret M. Quinn**

**Application to Seal Records of Non-Conviction  
Pursuant to R.C. 2953.52**

The Applicant moves the Court to order the sealing of the record of arrest, charge(s), and \_\_\_\_\_ in this case and all related records. The Applicant is not depositing a fee with this application, as R.C. 2953.52 does not require a fee to seal records after a not guilty finding, dismissal of proceedings, or a no bill by a grand jury. The Applicant hereby certifies all requirements for sealing the records are met.

\_\_\_\_\_  
Name of Applicant

\_\_\_\_\_  
Name of Attorney (if applicable)

\_\_\_\_\_  
Signature of Applicant (if pro se)

\_\_\_\_\_  
Signature of Attorney (if applicable)

\_\_\_\_\_  
Street Address of Applicant

\_\_\_\_\_  
Attorney Registration No. (if applicable)

\_\_\_\_\_  
City, State and Zip Code of Applicant

\_\_\_\_\_  
Street Address of Attorney (if applicable)

\_\_\_\_\_  
Driver's License No of Applicant (if applicable)

\_\_\_\_\_  
City, State and Zip Code of Attorney (if applicable)

\_\_\_\_\_  
Telephone of Applicant (if pro se)

\_\_\_\_\_  
Email Address of Attorney (if applicable)

\_\_\_\_\_  
Telephone of Attorney (if applicable)

(TO BE COMPLETED BY THE COURT)

**SERVICE**

A copy of this application was served by this Court on the Office of the Prosecutor  
for \_\_\_\_\_, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Clerk / Deputy Clerk