

IN THE COMMON PLEAS COURT
BUTLER COUNTY, OHIO

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Applicant Name	:	Case No(s). <hr/>
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	:	Judge: <hr/>
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	:	Application to Seal Record 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.

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Name of Applicant	Name of Attorney (if applicable)
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Signature of Applicant (if pro se)	Signature of Attorney (if applicable)
<hr/>	<hr/>
Street Address of Applicant	Attorney Registration No. (if applicable)
<hr/>	<hr/>
City, State, and Zip Code of Applicant	Street Address of Attorney (if applicable)
<hr/>	<hr/>
Driver's License No. of Applicant (if applicable)	City, State, and Zip of Attorney (if applicable)
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Telephone of Applicant (if pro se)	Email Address of Attorney (if applicable)
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	Telephone of Attorney (if applicable)
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(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____.

IN THE COMMON PLEAS COURT
BUTLER COUNTY, OHIO

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Applicant Name	:	Case No(s). <hr/>
	:	<hr/>
	:	
	:	Judge: <hr/>
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	:	Application to Seal Records of Nonconviction
	:	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.

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Name of Applicant	Name of Attorney (if applicable)
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Signature of Applicant (if pro se)	Signature of Attorney (if applicable)
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Street Address of Applicant	Attorney Registration No. (if applicable)
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City, State, and Zip Code of Applicant	Street Address of Attorney (if applicable)
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Driver's License No. of Applicant (if applicable)	City, State, and Zip of Attorney (if applicable)
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Telephone of Applicant (if pro se)	Email Address of Attorney (if applicable)
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(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____.