

IN THE _____ COURT
_____, OHIO

APPLICATION FOR SEALING OF RECORDS – R.C. 2953.32/2953.52

Defendant makes application to this Court for an Order sealing the official records in the following case(s). If Defendant is requesting to seal criminal records in multiple cases, such request is being made in one application and upon the payment of fifty dollars (unless indigent), regardless of the number of records, pursuant to R.C. 2953.32(C)(3).

Full name:	Alias/Maiden Name:
Current Mailing Address:	City:
State: Zip:	Phone Number:
Date of Birth:	Last 4 Digits of Social Security Number:

<u>Case Number</u>	<u>Charges(s)</u>	<u>Level of Offense</u>	<u>Result</u>	<u>Date of Result</u>
			<input type="checkbox"/> Conviction <input type="checkbox"/> Not Guilty/Dismissal <input type="checkbox"/> Bail Forfeiture	
			<input type="checkbox"/> Conviction <input type="checkbox"/> Not Guilty/Dismissal <input type="checkbox"/> Bail Forfeiture	

(Use additional pages attached as needed.)

There are currently no charges pending against the Defendant.

Defendant is applying to seal these records for the following reasons:

Signature

Date

[illegible]

IN THE _____ COURT
_____, OHIO

State of Ohio,

Plaintiff,

vs.

_____ ,

Defendant.

Case No.: _____

Judge _____

JUDGMENT ENTRY

The Defendant, having applied to the Court for sealing of his/her record of conviction or dismissal, and the Court being sufficiently informed, finds as follows:

1. Defendant is an eligible offender under R.C. 2953.31 or 2953.52.
2. No criminal proceedings are pending against Defendant.
3. The Defendant's interests in having the records pertaining to his/her cases(s) sealed are not outweighed by the government's legitimate need to maintain those records.

Therefore, Defendant's petition for record sealing is granted. **It is hereby ordered** that all official records pertaining to this case shall be sealed and all indexed references thereto shall be deleted, except as otherwise provided in R.C. 2953. The proceedings of the case will be considered not to have occurred and the case(s) shall be sealed, subject to the exceptions set forth in R.C. 2953.

It is further ordered that no officer or employee of the State, or any political subdivision thereof, shall release, disseminate, or make available for any purpose involving employment, bonding, licensing in connection with any business, trade, or profession to any person, or to any department, agency, or other instrumentality of the State's Government or any political subdivision thereof, any information concerning any arrest, indictment, trial, hearing, conviction, or correctional supervision leading to or resulting from the above-referenced case(s).

It is further ordered that copies of this Entry shall be served by the Clerk of Court on the following by certified mail, return receipt requested (check all that apply):

- ☐ The Ohio State Highway Patrol
- ☐ The Prosecuting Attorney of _____ County, Ohio
- ☐ The Adult Probation Department of this Court
- ☐ The Bureau of Criminal Investigation in the Office of the Attorney General of the State of Ohio
- ☐ Records Department of the _____ Police Department
- ☐ Records Department of the _____ County Sheriff's Department
- ☐ FBI, Washington, D.C.
- ☐ Common Pleas Court of _____ County, Ohio
- ☐ Municipal Court of _____, Ohio
- ☐ The _____ County Court
- ☐ Other: _____

It is further ordered that none of the foregoing persons shall inspect or use said records nor permit the inspection or use of said records except as provided in R.C. 2953.

Judge

Date

FORM 20. CIVIL FEE WAIVER AFFIDAVIT AND ORDER

IN _____

)	CASE NO.
)	
Plaintiff,)	JUDGE
)	
vs.)	
)	<u>FINANCIAL DISCLOSURE / FEE-</u>
)	<u>WAIVER AFFIDAVIT</u>
Defendant.)	<u>AND ORDER</u>

Pursuant to R.C. 2323.311, the below-named Applicant requests that the Court determine that the Applicant is an indigent litigant and be granted a waiver of the prepayment of costs or fees in the above captioned matter. The Applicant submits the following information in support of said request.

Personal Information					
Applicant's First Name		Applicant's Last Name			
Applicant's Date of Birth		Last 4 Digits of Applicant's SSN			
Applicant's Address					
Other Persons Living in Your Household					
First Name	Last Name	Is this person a child under 18?	Relationship (Spouse or Child)		
		<input type="checkbox"/> Yes <input type="checkbox"/> No			
		<input type="checkbox"/> Yes <input type="checkbox"/> No			
		<input type="checkbox"/> Yes <input type="checkbox"/> No			
Public Benefits					
I receive the following public benefits and my gross income, including the cash benefits marked below, does not exceed 187.5% of the federal poverty guidelines.					
Place an "X" next to any benefits you receive.					
Ohio Works First ¹ : ____ SSI ² : ____ Medicaid ³ : ____ Veterans Pension Benefit ⁴ : ____ SNAP / Food Stamps ⁵ : ____					
Monthly Income					
I am NOT able to access my spouse's income <input type="checkbox"/>					
	Applicant	Spouse (If Living in Household)	Total Monthly Income		

Gross Monthly Employment Income, including Self-Employment Income (Before Taxes)	\$	\$	\$
Unemployment, Worker's Compensation, Spousal Support (If Receiving)	\$	\$	\$
TOTAL MONTHLY INCOME			\$
Liquid Assets			
Type of Asset	Estimated Value		
Cash on Hand	\$		
Available Cash in Checking, Savings, Money Market Accounts	\$		
Stocks, Bonds, CDs	\$		
Other Liquid Assets	\$		
Total Liquid Assets	\$		
Monthly Expenses			
Column A		Column B	
Type of Expense	Amount	Type of Expense	Amount
Rent / Mortgage / Property Tax / Insurance	\$	Insurance (Medical, Dental, Auto, etc.)	\$
Food / Paper Products/Cleaning Products/Toiletries	\$	Child or Spousal Support that You Pay	\$
Utilities (Heat, Gas, Electric, Water / Sewer, Trash)	\$	Medical / Dental Expenses or Associated Costs of Caring for a Sick or Disabled Family Member	\$
Transportation / Gas	\$	Credit Card, Other Loans	\$
Phone	\$	Taxes Withheld or Owed	\$
Child Care	\$	Other (e.g. garnishments)	\$
Total Column A Expenses	\$	Total Column B Expenses	\$
TOTAL MONTHLY EXPENSES (Column A + Column B)			

I, _____, hereby certify that the information I have provided on
 (Print Name)
 this financial disclosure form is true to the best of my knowledge and that I am unable to prepay the costs or fees in this case.

 Signature

NOTARY PUBLIC:

Sworn to before me and signed in my presence this _____ day of _____, 20____,
 in _____ County, Ohio.

 Notary Public (Signature)

 Notary Public (Printed)
 My Commission expires:_____

If available, an individual duly authorized to administer this oath at the Clerk of Court's Office will do so at no cost to the Applicant.

ORDER

- ☐ Upon the request of the Applicant and the Court's review, the Court finds that the Applicant IS an indigent litigant and **GRANTS** a waiver of the prepayment of costs or fees in this matter. Pursuant to R.C. 2323.311(B)(3), upon the filing of a civil action or proceeding and the affidavit of indigency under division (B)(1) of this section, the clerk of the court shall accept the action, motion, or proceeding for filing.
- ☐ Upon the request of the Applicant and the Court's review, the Court finds that the Applicant is NOT an indigent litigant and **DENIES** a waiver of the prepayment of costs or fees in this matter. Applicant is granted thirty (30) days from the issuance of this Order to make the required advance deposit or security. Failure to do so within the time allotted may result in dismissal of the applicant's filing.

IT IS SO ORDERED

Judge / Magistrate

Date

[Effective: April 15, 2020.]

APPENDIX

2022 FEDERAL POVERTY LIMIT (FPL)

Persons in family/household	100% Poverty	100% Poverty Monthly Gross Income	187.5% Poverty	187.5% Poverty Monthly Gross Income
1	\$13,590	\$1,132.50	\$25,481.25	\$2,123.44
2	\$18,310	\$1,525.83	\$34,331.25	\$2,860.94
3	\$23,030	\$1,919.17	\$43,181.25	\$3,598.44
4	\$27,750	\$2,312.50	\$52,031.25	\$4,335.94
5	\$32,470	\$2,705.83	\$60,881.25	\$5,073.44
6	\$37,190	\$3,099.17	\$69,731.25	\$5,810.94
7	\$41,910	\$3,492.50	\$78,581.25	\$6,548.44
8	\$ 46,630	\$3,885.83	\$87,431.25	\$7,285.94

R.C. 2323.311(B)

(4) A judge or magistrate of the court shall review the affidavit of indigency as filed pursuant to division (B)(2) of this section and shall approve or deny the applicant's application to qualify as an indigent litigant. The judge or magistrate shall approve the application if the applicant's gross income does not exceed one hundred eighty-seven and five-tenths per cent of the federal poverty guidelines as determined by the United States department of health and human services for the state of Ohio and the applicant's monthly expenses are equal to or in excess of the applicant's liquid assets as specified in division (C)(2) of section 120-1-03 of the Administrative Code, as amended, or a substantially similar provision. If the application is approved, the clerk shall waive the advance deposit or security and the court shall proceed with the civil action or proceeding. If the application is denied, the clerk shall retain the filing of the action or proceeding, and the court shall issue an order granting the applicant whose application is denied thirty days to make the required advance deposit or security, prior to any dismissal or other action on the filing of the civil action or proceeding.

(6) Nothing in this section shall prevent a court from approving or affirming an application to qualify as an indigent litigant for an applicant whose gross income exceeds one hundred eighty-seven and five-tenths per cent of the federal poverty guidelines as determined by the United States department of health and human services for the state of Ohio, or whose liquid assets equal or exceed the applicant's monthly expenses as specified in division (C)(2) of section 120-1-03 of the Administrative Code, as amended, or a substantially similar provision.

¹Ohio Works First Income Limit: 50% FPL (R.C. 5107.10(D)(1)(a))

²SSI Income Limit: cannot have countable income that exceeds the Federal Benefit Rate (FBR). 2019 FBR: \$771 monthly for single disabled individual; \$1157 monthly for disabled couple (20 CFR 416.1100)

³Medicaid Income Limit:

Modified Adjusted Gross Income (MAGI):138% FPL (OAC 5160:1-4-01; 42 USC 1396a(a)(10)(A)(i)(VIII))

Aged, Blind or Disabled: \$791 for single person; \$1177 for disabled couple

⁴Veterans Pension Benefit Income Limit: \$13,535 annually / \$1,127 monthly for a single person; \$17,724 annually / \$1,477 monthly for a veteran with one dependent

⁵Supplemental Nutrition Assistance Program (SNAP) Income Limit: 130% FPL for assistance groups with nondisabled/nonelderly member; 165% FPL for elderly and disabled assistance groups (OAC 5101:4-4-11; Food Assistance Change Transmittal No. 61)