

**HAMILTON COUNTY COURT
CRIMINAL DIVISION
HAMILTON COUNTY, OHIO**

STATE OF OHIO

Plaintiff,

vs

CASE NO. _____

JUDGE _____

**APPLICATION FOR CRIMINAL
SEALING AND REQUIRED
INFORMATION FOR INVESTIGATION**

☐ Application to seal a record of **conviction** or **bail forfeiture**, pursuant to R.C. 2953.32

Date of conviction: _____

☐ Application to seal a record of **non-conviction** (dismissal/acquittal), pursuant to R.C. 2953.52

Date of dismissal/acquittal: _____

Charge(s): _____

Address (if moving before hearing date, please note new address): _____

City: _____ State: _____ Zip: _____

Phone: _____ DOB: _____ Social security number: _____

List any aliases, maiden name, and/or legal name changes since the age of 18: _____

List all cities/states that you have lived in since the age of 18, including locations of colleges, schools, military assignments, employment locations, etc: _____

Current place of employment: _____

If not employed, current source(s) of income: _____

Reason(s) for requesting this record sealing:

☐ Employment ☐ Housing ☐ Education ☐ Other: _____

I, the undersigned, acknowledge that the above information is true and correct to the best of my ability. I also state that no criminal proceedings are pending against me.

CERTIFICATE OF SERVICE

I hereby certify that a true copy of the above Application was delivered hand or mail (circle which) to the Office of the Prosecutor on the _____ day of _____, 20_____

SIGNATURE OF APPLICANT

DATE

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