

BELLEFONTAINE MUNICIPAL COURT, BELLEFONTAINE, OHIO

MOTION TO SEAL CRIMINAL RECORD

City/State of Ohio (Please Print)

-VS- CASE(S) # _____

Defendant/Applicant (Please Print)

SSN - _____ DOB. _____

Current Address, City, State, Zip Code and Phone Number (Please Print)

APPLICATION FOR ORDER SEALING CRIMINAL RECORD

Conviction(), Finding of Not Guilty() and/or Dismissal()
(Check all that apply)

Defendant hereby makes application to the Court pursuant to Ohio Revised Code §2953.32 for the sealing of the conviction or §2953.52 for the finding of not guilty and/or dismissal in the above-stated case(s). Defendant hereby provides the following information:

- 1) Charge(s) to be sealed: _____
(Applicant may attached another paper if necessary)
- 2) Date(s) of conviction/dismissal/not guilty _____
- 3) If Probation, Date Terminated: _____

Defendant states that he/she is an eligible offender and has no criminal proceedings pending; is rehabilitated; that one year has passed since his/her final discharge; and, that the interests of the defendant in having the records pertaining to this conviction, dismissal and/or finding of not guilty are not outweighed by any legitimate governmental needs to maintain those records.

Defendant/Applicant Signature

CERTIFICATE OF SERVICE

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

Defendant/Applicant Signature

BELLEFONTAINE MUNICIPAL COURT
MOTION TO SEAL CRIMINAL RECORD (Continued)

Name _____

Case # _____

Charge (s) _____

Finding _____

Date of conviction/dismissal/not guilty _____

Case# _____

Charge(s) _____

Finding _____

Date of conviction/dismissal/not guilty _____

Case# _____

Charge(s) _____

Finding _____

Date of conviction/dismissal/not guilty _____

Case# _____

Charge(s) _____

Finding _____

Date of conviction/dismissal/not guilty _____