

BELLEFONTAINE MUNICIPAL COURT, LOGAN COUNTY, OHIO

CITY OF BELLEFONTAINE
STATE OF OHIO

CASE NO. _____

-V-

NAME

SSN _____ DOB _____

CURRENT ADDRESS

TELEPHONE NUMBER

EMAIL

APPLICATION TO ___ EXPUNGE or ___ SEAL CRIMINAL RECORD
___ Conviction, ___ Not Guilty ___ Dismissal ___ Bail Forfeiture
(check all that apply)

- 1- Charges to expunged or sealed _____
Applicant may attach another page, if necessary
- 2- Date of conviction/Dismissal/Bail Forfeiture _____
- 3- If Probation, date terminated _____

Defendant states that he/she has no criminal proceedings pending, is rehabilitated; that one year has passed since his/her final discharge; and relief requested is not outweighed by any legitimate interest of the government to maintain the records.

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 Municipal Court Prosecutor on the _____ day of _____, 20_____

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 _____