Columbiana County Common Pleas Court
105 South Market Street
Lisbon, Ohio 44432

Application for Sealing of Records

STATE OF OHIO

           PLAINTIFF   CASE NO.: _____

VS

_____   _____
NAME   DATE OF BIRTH

_____   _____
ADDRESS   SSN

_____
CITY, STATE, ZIP

_____
PHONE NUMBER

           DEFENDANT

APPLICATION FOR SEALING OF RECORDS

Now comes the Defendant/Attorney for Defendant and states as follows:

1. That he/she is an eligible offender within Section 2953 of the Ohio Revised Code.

2. That the required time has expired since his/her final discharge.

3. That there are no criminal charges pending against him/her.

4. That sealing of his/her record of conviction/dismissal is consistent with the public interest.

Wherefore, applicant respectfully requests that the record of conviction (O.R.C. 2953.32) / dismissal (O.R.C. 2953.33) be sealed pursuant to the Ohio Revised Code.

_____
Signature of Applicant/Defendant

OR

_____
Signature of Attorney

CRIMINAL RECORD SEALING / EXPUNGEMENT APPLICATION

Court Name

Case No.   _____ (Clerk's Office Use Only)

Judge   _____(Clerk's Office Use Only)

APPLICATION FOR RECORD SEALING/EXPUNGEMENT – R.C. 2953.32/2953.33

Full Name:		Alias/Maiden Name:	
Address:		Phone Number:	
City:		State:	Zip Code:
Date of Birth:		SSN:	
Email Address:			

Case Number(s)	Application for	Charge(s)
	☐ **SEAL** Conviction/Bail forfeiture ☐ **EXPUNGE** Conviction/Bail forfeiture ☐ **SEAL** Not Guilty/Dismissal/No Bill/Pardon ☐ **EXPUNGE** Not Guilty/Dismissal/No Bill	
	☐ **SEAL** Conviction/Bail forfeiture ☐ **EXPUNGE** Conviction/Bail forfeiture ☐ **SEAL** Not Guilty/Dismissal/No Bill/Pardon ☐ **EXPUNGE** Not Guilty/Dismissal/No Bill	
	☐ **SEAL** Conviction/Bail forfeiture ☐ **EXPUNGE** Conviction/Bail forfeiture ☐ **SEAL** Not Guilty/Dismissal/No Bill/Pardon ☐ **EXPUNGE** Not Guilty/Dismissal/No Bill	
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	☐ **EXPUNGE** Not Guilty/Dismissal/No Bill	

Use additional boxes on page three, if necessary.

The above-named applicant states that they qualify for the relief sought above, under the applicable provision(s) of R.C. Chapter 2953.

_____
Applicant Signature   Date

Certificate of Service

I, the undersigned, do hereby certify that a copy of this Application for Record Sealing and/or Expungement was

served upon the prosecutor(s) on _____/_____/_____.

_____
Applicant Signature   Date