

PLEASE FOLLOW THE BELOW SEQUENCE WHEN FILING FOR SEALING OF RECORD. A \$50.00 FILING FEE IS DUE UPON COMPLETION OF THIS APPLICATION. MAKE PAYABLE TO THE BUTLER COUNTY CLERK OF COURTS. FILE APPLICATION WITH THE CLERK OF COURTS OFFICE.

Page 1: **Motion for Expungement of Record**

FILL IN BLANKS WITH APPROPRIATE INFORMATION.

- A. Court Name (top of Page)
- B. Case Number
- C. State of Ohio vs. Applicant's name
- D. First paragraph – Case Number _____, Date _____
- E. Second paragraph – I. Applicant's name
- F. Time (second paragraph)
- G. Respectfully submitted, Applicant's name
- H. Proof of Service – Fill in Court's name and date and take to Prosecuting Office
(Done by Applicant).

Page 2: **Entry** – Orders investigation of applicant by the Adult Probation Department

FILL IN BLANKS WITH APPROPRIATE INFORMATION

- A. Court Name (Top of Page)
- B. Case Number
- C. State of Ohio vs. Applicant's name
- D. First paragraph – Applicant's name. Court name
- E. Second paragraph – Court name
- F. Bottom of Page – Attorney's name or applicant's name, address, phone number

Page 3: **Questionnaire** (two pages)

FILL IN BLANKS WITH APPROPRIATE INFORMATION

- A. Completely fill out questionnaire, where applicable, on first page
- B. Page 2 – Complete all personal data, recent work experience, and military service
- C. Page 3 – Complete as necessary.

Page 4: **Jails**

FILL IN BLANKS WITH APPROPRIATE INFORMATION

- A. Fill in all jails that you were held in.

Page 5: **Authorization to Release Confidential Information**

(Two pages for a total of six authorizations)

- A. Sign full name in section marked signature.

STATE OF OHIO

IN THE BUTLER COUNTY

PLAINTIFF

(COURT)

-vs-

STATE OF OHIO, BUTLER CO.

CASE NO. _____

MOTION FOR SEALING OF
RECORD OF CONVICTION

APPLICANT

Now comes _____ and petitions this Honorable Court for an Order to
(Applicant's name)
Seal the Record of conviction in case No. _____ which case was dated
_____.

I, _____, make this petition on the basis that I am a first time
(Applicant's name)
Offender, and that more than _____ has passed since my conviction and discharge
(Time)
date. There are no criminal charges pending against me, and I am rehabilitated, and the sealing
of my convictions is consistent with the public interest.

Respectfully submitted,

(Applicant's Signature)

PROOF OF SERVICE

A copy of my request was delivered to the Prosecuting Attorney of _____
(Court)
on this _____ day of _____, 200__.

IN THE BUTLER COUNTY

(COURT)
STATE OF OHIO, BUTLER COUNTY

STATE OF OHIO : CASE NO. _____

PLAINTIFF :

-vs- :

APPLICANT : ENTRY

.....

1. This matter came before the Court upon this Application of the Applicant herein,

_____, for sealing of his/her record in _____
Applicants Name Court Name

2. The court orders that said Application shall be set for hearing eight weeks after the filing of said packet on _____ at _____ a.m. The Court further finds that the Butler County Adult Probation Department shall investigate the background of the Applicant herein, be notified of said proceedings, and that the Prosecuting Attorney of said Court shall be notified of said proceedings by the Clerk of said Court.

3. IT IS FURTHER ORDERED, ADJUDGED, AND DECREED that the Butler County Adult Probation Department be, and they are hereby ordered, to investigate the background of the said Applicant to determine whether or not he/she has been convicted of any violations of any local, state or federal statute, other than his conviction in above mentioned case, and employment status, and in any other areas thought by the Butler County Adult Probation Department to be helpful in assisting the Court to determine whether or not said Applicant's record should be sealed under the law of the State of Ohio, as specified in Section 2953.31 Et Seq. Ohio Revised Code.

APPROVED

(Name)

JUDGE

(Address)

(Phone No.)

PLEASE ANSWER EVERY QUESTION
PERSONAL DATA

NAME _____ ANY OTHER LAST NAME USED _____

CURRENT ADDRESS _____

LENGTH OF TIME AT THIS ADDRESS _____ PREVIOUS ADDRESS IF LESS THAN 3 YEARS

SOCIAL SECURITY NUMBER _____ DATE OF BIRTH _____

AGE _____ RACE _____ HEIGHT _____ WEIGHT _____ HAIR _____ EYES _____

SEX _____ PLACE OF BIRTH _____ LIST ALL CITIES AND STATES THAT YOU
HAVE LIVED IN _____

MARITAL STATUS _____ NUMBER OF YEARS _____ #OF PRIOR MARRIAGES AND WHO YOU
WERE MARRIED TO _____

CHILDREN _____ AGES _____

HIGHEST GRADE COMPLETED & NAME OF SCHOOL _____

EMPLOYED BY _____ TITLE _____

DATE EMPLOYED _____ WAGE OR SALARY _____

PREVIOUS EMPLOYMENT PAST 3 YEARS _____

HAVE YOU EVER BEEN IN THE MILITARY _____ DATE ENTERED _____

DATE DISCHARGE _____ BRANCH OF SERVICE _____

TYPE OF DISCHARGE _____ HIGHEST RANK HELD _____

SERVICE NUMBER _____ WHERE WERE YOU STATIONED _____

ANY DISCIPLINARY ACTIONS OR COURT MARTIAL'S _____

OFFENSE DATA

WHICH COURT/JUDGE DECIDED YOUR CASE _____ CASE # _____

CHARGES YOU WERE ARRESTED ON _____

DATE OF ARREST _____ WHICH POLICE DEPARTMENT MADE THE ARREST _____

DATE OF PLEA/COURT DECISION _____

WHAT CHARGES DID YOU PLEA TO OR FOUND GUILTY OF _____

DATE OF SENTENCE _____ WHAT SENTENCE WAS IMPOSED _____

SUMMARY OF OFFENSE _____

HAVE ALL COURT COSTS, FINES, RESTITUTION BEEN PAID _____

HAVE YOU EVER BEEN ARRESTED/CONVICTED OF ANY OTHER OFFENSE BEFORE THIS OR AFTER THIS _____ IF YES, WHERE AND WHEN _____

DO YOU HAVE A CRIMINAL HISTORY IN ANY JUVENILE COURT SYSTEM _____

IF YES WHERE AND WHEN _____

AUTHORIZATION TO RELEASE CONFIDENTIAL INFORMATION

NAME (LAST, FIRST, MIDDLE)	DATE OF BIRTH	DATE SIGNED
----------------------------	---------------	-------------

Authorization release to the Adult Probation Department all confidential records and information concerning me.

(Signature)

NAME (LAST, FIRST, MIDDLE)	DATE OF BIRTH	DATE SIGNED
----------------------------	---------------	-------------

Authorization release to the Adult Probation Department all confidential records and information concerning me.

(Signature)

NAME (LAST, FIRST, MIDDLE)	DATE OF BIRTH	DATE SIGNED
----------------------------	---------------	-------------

Authorization release to the Adult Probation Department all confidential records and information concerning me.

(Signature)