

**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\_\_.

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 \_\_\_\_\_

\_\_\_\_\_



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**AUTHORIZATION TO RELEASE CONFIDENTIAL INFORMATION**

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NAME (LAST, FIRST, MIDDLE)	DATE OF BIRTH	DATE SIGNED
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Authorization release to the Adult Probation Department all confidential records and information concerning me.

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(Signature)

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NAME (LAST, FIRST, MIDDLE)	DATE OF BIRTH	DATE SIGNED
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Authorization release to the Adult Probation Department all confidential records and information concerning me.

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(Signature)

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NAME (LAST, FIRST, MIDDLE)	DATE OF BIRTH	DATE SIGNED
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Authorization release to the Adult Probation Department all confidential records and information concerning me.

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(Signature)