

**IN THE COURT OF COMMON PLEAS, UNION COUNTY, OHIO
JUVENILE DIVISION**

IN THE MATTER OF:

Case No(s). _____

APPLICANT FULL NAME

APPLICATION TO SEAL JUVENILE RECORD

R.C. 2151.356, Sup.R. 96

NOW comes the undersigned Applicant, who moves this Court to order the sealing of their juvenile record per R.C. 2151.356. In support, the Applicant provides the following information.

1. Full Legal Name (at adjudication): _____
2. Current Legal Name: _____ No Change
3. Date of Birth: _____ Current Age: _____
4. SSN (Last Four Digits only): _____
5. As to the cases adjudicated by the Union County Juvenile Court:

Case No. _____ Type: Delinquency Traffic Unruly
Were you on Community Control/Juvenile Probation for this case? Yes No
If **Yes**, were you discharged satisfactorily? Yes No

Case No. _____ Type: Delinquency Traffic Unruly
Were you on Community Control/Juvenile Probation for this case? Yes No
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Were you on Community Control/Juvenile Probation for this case? Yes No
If **Yes**, were you discharged satisfactorily? Yes No

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Case No. _____ Type: Delinquency Traffic Unruly

Were you on Community Control/Juvenile Probation for this case? Yes No

If **Yes**, were you discharged satisfactorily? Yes No

[If there are more than four juvenile case numbers, write the additional case numbers on Page 1 of this application, and attach additional pages providing the same information requested above.]

6. After your last contact with Union County Juvenile Court, were you adjudicated as a juvenile (by any other Juvenile Court) or convicted as an adult of:

Any misdemeanor traffic offenses? Yes No

Any misdemeanor criminal offenses? Yes No

Any felony criminal or traffic offenses? Yes No

If **Yes**, provide the following information. Indicate if you were (or are currently) on community control or probation ("CC/P") for that offense. Attach additional pages if necessary.

Date of Conviction or Adjudication	Offense and Level (ex.: Speeding, Minor Misdemeanor)	CC/P	Court Name/Location (ex.: Marysville Municipal Court, Ohio)
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____

7. Are you currently subject to any pending juvenile or criminal proceedings in any other court? Yes No

If **Yes**, provide the following information. Attach additional pages if necessary.

Case No.	Pending Charge and Level	Court Name/Location
_____	_____	_____
_____	_____	_____
_____	_____	_____

8. If you have a driver's license, is it currently suspended? Yes No

If **Yes**, state why, and your plans to reinstate your license:

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9. The Court, in its discretion, may set this application for a hearing. If applicable, specifically state any dates or times within the next sixty (60) days (after the date of filing) that you will not be available to personally appear for a hearing.

10. [MARK IF APPLICABLE] I request that the Court permit me to personally appear for the hearing (if any) remotely by Zoom, for the following reason(s):

11. Please state any other information you would like the Court to know in consideration of this application. Attach additional pages if necessary.

By filing this application, the Applicant acknowledges that pursuant to R.C. 2151.356 (C)(1)(e), the Court will review this application, and any documentation submitted herewith, to determine if the Applicant has been rehabilitated to a satisfactory degree. In determining whether the Applicant has been rehabilitated to a satisfactory degree, the Court may consider all the following:

- The age of the Applicant;
- The nature of the original case(s);
- The cessation or continuation of delinquent, unruly, or criminal behavior;
- The education and employment history of the Applicant;

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- The granting of a new tier classification or declassification from the juvenile offender registry pursuant to R.C. 2152.85, except for public registry-qualified juvenile offender registrants; and
- Any other circumstances that may relate to the rehabilitation of the Applicant.

The Applicant hereby certifies all requirements for sealing the records are met and requests that the Court seal the Applicant’s juvenile record, including all case numbers as indicated.

Signature of Applicant

Applicant Name (Current)

Street Address

City, State, Zip Code

Driver’s License No. and State of Issue

Telephone No.

Email Address

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OFFICE USE ONLY

CERTIFICATE OF SERVICE

The undersigned deputy clerk of the Union County Juvenile Court hereby certifies that a copy of the foregoing Application to Seal Juvenile Record was served upon the Union County Prosecuting Attorney on the _____ day of _____, 20____, by placing the same in the Clerk's Office In-Box.

Deputy Clerk