

FRANKLIN COUNTY MUNICIPAL COURT CRIMINAL RECORD SEALING / EXPUNGEMENT APPLICATION

File with the Clerk of Court's Expungement Department, located on the 2nd. Floor of 375 S. High St. Columbus, OH 43215

_____ CRX _____ (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	Application for	Charge(s)
	<input type="checkbox"/> Sealing Conviction / Bail forfeiture <input type="checkbox"/> Expunging Conviction / Bail forfeiture <input type="checkbox"/> Sealing Not Guilty / Dismissal <input type="checkbox"/> Expunging Not Guilty / Dismissal	
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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 or Attorney Signature

Date

Applicant's Attorney

Supreme Court #

Applicant's Attorney's Address

Phone Number

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 this _____ day of _____, _____.

Deputy Clerk

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