

IN THE BOWLING GREEN MUNICIPAL COURT

State of Ohio/
City of Bowling Green
Plaintiff,

VS.

Name

Address

City, State, ZIP

(_____) _____
Phone

_____-_____-_____/_____/_____
Social Security Number Date of Birth

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Case No. _____-CR_____-_____

JUDGE MARK B. REDDIN

APPLICATION FOR SEALING OF RECORD

Defendant makes application to this Court:

- For the sealing of his/her official record of conviction in this case
 1. More than one (1) year has passed since the final discharge in the above titled case (in cases of conviction and bail forfeiture).
 2. Applicant has no criminal proceedings pending against them.
 3. Applicant has been rehabilitated.
 4. Applicant's conviction/bail forfeiture is not a crime listed in R.C. 2953.32, for which the sealing of the records are inapplicable.
 5. The applicant understands that the \$100.00 filing fee is non-refundable.
 6. The sealing of this record is consistent with public interest.

- For the sealing of his/her official record of dismissal in this case.

_____/_____/_____
Date

Signature of Defendant/Attorney for Defendant

AFFIDAVIT

STATE OF _____ COUNTY OF _____, SS:

_____, the undersigned defendant, being duly sworn says:

On ___/___/___, in this court, the defendant was convicted of:

Code & Section # _____ Name of Offense _____

I, _____, after having reviewed the applicable statutes referenced above in order to determine my eligibility for the sealing of the record of my case, in order to make truthful assertions for the purposes of this application; hereby swear or affirm under the penalty of Falsification (R.C. 2921.13) that the statements contained herein are true and petitions the Court for an order sealing the record pursuant to ORC 2953.31-2953.36 and 2953.61.

Signature of Defendant

On this _____ day of _____, 20_____, sworn to before me and subscribed in my presence.

Notary Public

NOTICE OF HEARING

This matter shall be set for hearing by the Court upon completion of a record check as required by statute. Notice of the date and time of hearing shall be forwarded to all parties.

If an attorney is assisting you with sealing this record, please list their contact information below.

Name

Phone

Address
