

**APPLICATION TO SEAL RECORD**

OHIO REVISED CODE § 2151.356

NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_ AGE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_  
(STREET) (CITY) (STATE)

SOCIAL SECURITY NUMBER: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

DRIVER'S LICENSE NUMBER: \_\_\_\_\_

TYPE OF CASE: \_\_\_\_\_ DELINQUENCY \_\_\_\_\_ TRAFFIC

WERE YOU ON PROBATION OR PAROLE AS A RESULT OF THIS CHARGE ? \_\_ YES \_\_ NO

IF YES, NAME OF PROBATION OR PAROLE OFFICER \_\_\_\_\_

HAVE YOU BEEN ADJUDICATED OR CONVICTED OF ANY JUVENILE AND/OR ADULT CRIMINAL OR TRAFFIC OFFENSES SINCE YOUR LAST CONTACT WITH THE COURT ?

\_\_\_\_\_ YES \_\_\_\_\_ NO

IF YES, PLEASE COMPLETE THE FOLLOWING:

<u>DATE</u>	<u>OFFENSE</u>	<u>COURT OR LOCATION</u>
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_____		
_____		
_____		

IS YOUR DRIVER'S LICENSE CURRENTLY SUSPENDED ? \_\_\_\_\_ YES \_\_\_\_\_ NO

PLEASE INDICATE ANY OTHER INFORMATION YOU WOULD LIKE THE COURT TO KNOW IN REVIEWING YOUR APPLICATION. (YOU MAY ATTACH A SEPARATE SHEET IF NECESSARY). \_\_\_\_\_

\_\_\_\_\_

BY SUBMITTING THIS APPLICATION I AM REQUESTING THAT THE SUMMIT COUNTY JUVENILE COURT SEAL MY RECORD PURSUANT TO OHIO REVISED CODE § 2151.356.

\_\_\_\_\_  
SIGNATURE OF APPLICANT DATE

\_\_\_\_\_  
SIGNATURE OF PARENT/GUARDIAN DATE  
(IF APPLICANT IS UNDER AGE 18)

\*PLEASE NOTE: UPON REVIEW OF YOUR APPLICATION A COURT HEARING WILL BE SCHEDULED. PLEASE INDICATE ANY TIMES THAT YOU ARE NOT AVAILABLE TO APPEAR FOR A HEARING: \_\_\_\_\_

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