

**CLERMONT COUNTY MUNICIPAL COURT  
CLERMONT COUNTY, OHIO**

APPLICATION FOR SEALING OF RECORD

(Pursuant to R.C. 2953.32)

<b>Full Name:</b>	<b>Alias/Maiden Name:</b>	
<b>Address:</b>	<b>Phone Number:</b>	
<b>City:</b>	<b>State:</b>	<b>ZIP:</b>
<b>Date of Birth:</b>	<b>SSN (Last Four):</b>	

Case No. \_\_\_\_\_ Charge(s): \_\_\_\_\_

Date of Conviction: \_\_\_\_\_

Case No. \_\_\_\_\_ Charge(s): \_\_\_\_\_

Date of Conviction: \_\_\_\_\_

Case No. \_\_\_\_\_ Charge(s): \_\_\_\_\_

Date of Conviction: \_\_\_\_\_

Case No. \_\_\_\_\_ Charge(s): \_\_\_\_\_

Date of Conviction: \_\_\_\_\_

I hereby acknowledge and affirm that the above information is true and accurate to the best of my knowledge. I hereby represent that no criminal charges are pending against me. I hereby represent that the appropriate time period, pursuant to R.C. 2953.32(B), has passed since the final discharge of my case

\_\_\_\_\_  
Applicant or Attorney Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Defendant's Attorney

\_\_\_\_\_  
Supreme Court #

\_\_\_\_\_  
Defendant's Attorney's Address

\_\_\_\_\_  
Telephone Number

## **SEALING OF RECORD APPLICATION INFORMATION**

1. A \$100.00 non-refundable filing fee is to be paid to the Clerk of Court Office at the time of application for the sealing of record of a conviction. No filing fee is required for Dismissals.
2. A court hearing is mandatory for all applications to seal or expunge a record. The date and time will be sent by mail by the assignment office.