



**DUBLIN MAYOR'S COURT
APPLICATION FOR SEALING OF RECORD/EXPUNGEMENT R.C. 2953.32/2953.33**

Name _____

Address _____

City _____ Zip code _____ State _____

Date of birth _____ Social Security number _____

Telephone number _____ Email address: _____

Case number(s)	Application for	Charges(s)
	<input type="checkbox"/> Sealing conviction/Bail forfeiture <input type="checkbox"/> Sealing not guilty/Dismissal <input type="checkbox"/> Expunging conviction/Bail forfeiture <input type="checkbox"/> Expunging not guilty/Dismissal	
	<input type="checkbox"/> Sealing conviction/Bail forfeiture <input type="checkbox"/> Sealing not guilty/Dismissal <input type="checkbox"/> Expunging conviction/Bail forfeiture <input type="checkbox"/> Expunging not guilty/Dismissal	

Attorney name _____ Phone number _____

Attorney's address _____ City _____ State _____

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

The applicant deposits herewith the sum of fifty dollars (\$50.00), as provided in R.C. 2953.32, or submits an Affidavit of Indigency. The fee shall be non-refundable.

PROOF OF SERVICE

I hereby certify that a copy of the within application was served upon the city prosecutor, this _____ day of _____, 20_____.

Court Clerk