

**IN THE DUBLIN MAYOR'S COURT
FRANKLIN COUNTY, OHIO**

APPLICATION FOR SEALING OF RECORD/EXPUNGEMENT R.C. 2953.32/2953.33

Name:		Phone Number:	
Address:			
City:		State:	Zip:
Date of Birth:		SSN:	
Email:			

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	
	<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	

Applicant's Attorney:		Phone Number:	
Attorney's Address:			
City:		State:	Zip:

The above named applicant states that they qualify for the relief sought above, under the applicable provision(s) of R.C. Chapter 2953.

Applicant/Attorney Signature

Date

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.

CERTIFICATE OF SERVICE

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

Court Clerk