HAMILTON COUNTY
JUVENILE COURT

SEALING APPLICATION
(O.R.C. 2151.356)

Please Print

Name ____
Last **First** **M.I.**

(Applicant should list name when the juvenile record was obtained and current last name if different now.)

Date of Birth________________**Current Age** _______

Address ____

City______________________**State**______**Zip**______**Phone Number (___)____- _____**

Attorney Name ____

Address____________________________City_________________State______Zip ______

Phone Number (___)____-______**Email** __________________________

^^

Case number(s) requested to be sealed:

____

____

(The Juvenile Court clerk will help you if you do not know the case numbers)

The undersigned applicant hereby requests that the applicant's record be sealed.

The applicant further states that the applicant is not currently under the jurisdiction of the Court in relation to a delinquency complaint and that at least six months have passed since the termination of any order made by the Court in relation to the case, or any unconditional discharge from any institution or facility if the applicant was committed to an institution or facility in relation to the case.

The applicant also authorizes the release of any school and/or police report that may aid the Court in making a finding in this matter.

Applicant's Signature__________________________________**Date** __________________

The Hamilton County Public Defender may be able to assist you in this process. Call 513-946-8282 for more information.