

SEALING INFORMATION SHEET and AFFIDAVIT
(Attach additional pages if more space is needed)

Name: _____ SSN: _____ DOB: _____

Address: _____ Telephone: _____

City/State/Zip Code _____

Email: _____

SEALING THE RECORD OF DISMISSAL OR FINDING OF NOT GUILTY

1. I am seeking to have the record(s) of the following case(s) sealed, and **ALL** of the following cases ended in a dismissal or a finding of not guilty.

IF ANY OF THE CASES YOU ARE SEEKING TO HAVE SEALED ENDED IN A CONVICTION, YOU MUST FILL OUT THE SEALING OF A CONVICTION FORM

Charges	Case Number

Initials _____

PENDING CHARGES

2. I have no pending criminal or traffic charges in the state of Ohio or any other state.

Initials _____

OR

3. I have the following criminal or traffic charges pending against me.

Charges	Court

Initials_____

4. Is there any other information that you need to disclose that may be relevant to this application for sealing? If yes, give particulars:

Affidavit of Applicant

I acknowledge that I have a duty to supplement and update the information provided if any changes to my answers occur at any time before my hearing before the Judge.

I swear, under penalties of perjury, that the information I have voluntarily provided herein is true, accurate, and complete to the best of my knowledge and ability.

I UNDERSTAND THAT FAILING TO ANSWER ALL QUESTIONS COMPLETELY AND ACCURATELY OR SUPPLYING FALSE INFORMATION TO THE COURT MAY CONSTITUTE A CRIMINAL OFFENSE, INCLUDING BUT NOT LIMITED TO PERJURY. I UNDERSTAND THAT PERJURY IS FELONY OF THE THIRD DEGREE AND IS PUNISHABLE BY A FINE OF \$10,000 AND PRISON TERM OF UP TO THREE YEARS.

Applicant Signature

Sworn before me this _____ day of _____, _____.

Signature of Notary or Deputy Clerk