

Stow Municipal Court

4400 Courthouse Boulevard
 Stow, Ohio 44224
 Tel: 330-564-4199
 Fax: 330-564-4194
 stowmunicourt.com

APPLICATION TO SEAL OR EXPUNGE COURT RECORDS

I AM APPLYING TO HAVE RECORDS: SEALED | EXPUNGED

NAME:			
	FIRST	M.I.	LAST

SSN:	-	-	Date of Birth:	/	/

ADDRESS:		
	HOUSE # & STREET NAME	CITY
	STATE	ZIP CODE

CONTACT:		
	PHONE NUMBER	EMAIL ADDRESS

PLEASE LIST ALL CASES IN THIS COURT FOR THE COURT'S CONSIDERATION:

CASE NUMBER(S)	OFFENSE(S)	CONVICTION (X)	DISMISSAL (X)

CONVICTION(S) IN OTHER COURTS (INCLUDING CASES PREVIOUSLY SEALED/EXPUNGED)

COURT(S) OF CONVICTION(S):	OFFENSE(S):	SEALED? Yes or No

(A FULL BACKGROUND CHECK WILL BE COMPLETED TO VERIFY THE ABOVE INFORMATION, ATTACH ANOTHER PAGE IF NEEDED)

ELIBIGILITY VERIFICATION

**Please review the application process and list of eligibility requirements and initial next to each statement to affirm that you meet each of these requirements:
(If you are not eligible and are denied your \$100 fee may not be refunded)**

1. I have reviewed the application process and list of offenses that are NOT eligible for sealing/expungement.

Initial Here: _____

2. I have satisfied all requirements imposed by the Court for the cases included in my application, including payment of all fines and court costs and the completion of all probation requirements imposed by the court.

Initial Here: _____

3. **At least one year has elapsed since the final discharge*** in all cases contained in my application. The final discharge occurs after the expiration of all court orders. This includes payment of all fines and the completion of all probation requirements, license suspensions, and orders to obey all laws has expired.

*Minor Misdemeanor Offenses are eligible for sealing 6 months after final discharge

Initial Here: _____

4. I do not have any pending criminal or traffic charges against me in any court.

Initial Here: _____

Please use the space below to explain why you are seeking to seal or expunge these records and provide any information to help the court determine if you have been satisfactorily rehabilitated (you may attach additional pages):

Affidavit of Applicant

I acknowledge that I have a duty to supplement and update the information provided here if any changes to my answers occur at any time before a 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 MAY CONSTITUTE A CRIMINAL OFFENSE, INCLUDING BUT NOT LIMITED TO PERJURY.

Signature

Sworn before me this _____ day of _____, _____.

Notary / Deputy Clerk