

**HOCKING COUNTY MUNICIPAL COURT
SEALINGS AND EXPUNGMENTS SECTION
105 WEST HUNTER STREET, P.O. BOX 950
LOGAN, OHIO 43138**

JUDGE FREDERICK T. MOSES

APPLICATION FOR SEALING/EXPUNGEMENT OF RECORDS – R.C. 2953.32/2953.52

Defendant makes application to this Court:

- For the expungement of his/her official record of conviction and/or bail forfeiture in this case.
- For the sealing of his/her official record of conviction, bail forfeiture, dismissal, and/or not guilty verdict in this case.

Applicant provides the following information for use in determining whether the provisions of the sealing of the record statute are satisfied and sealing of the record should be granted:

Full Name:	Alias/Maiden Name:	
Address:	Phone Number:	
City:	State:	ZIP:
Date of Birth:	SSN:	

<u>Case Number</u>	<u>Result</u>	<u>Date of Result</u>	<u>Charge</u>
	<input type="checkbox"/> Conviction		
	<input type="checkbox"/> Not Guilty / Dismissal		
	<input type="checkbox"/> Bail Forfeiture		
	<input type="checkbox"/> Conviction		
	<input type="checkbox"/> Not Guilty / Dismissal		
	<input type="checkbox"/> Bail Forfeiture		
	<input type="checkbox"/> Conviction		
	<input type="checkbox"/> Not Guilty / Dismissal		
	<input type="checkbox"/> Bail Forfeiture		

(Use Page 2 if needed)

I, _____, after having reviewed the applicable statutes referenced above, have determined that the record(s) I seek to expunge or seal are eligible for expungement or sealing. I further certify that there are no criminal cases currently pending against me in any court. I have followed the appropriate waiting period(s) for the record(s) I seek to seal or expunge, and that I have fully completed this Application to the best of my knowledge and abilities.

Applicant or Attorney Signature Date

Defendant's Attorney Supreme Court #

Defendant's Attorney's Address Phone Number

CERTIFICATE OF SERVICE

I, the undersigned, do hereby certify that a copy of this Application for Sealing Records was served upon the Prosecutor's Office/City of Logan Law Director's Office on this _____ day of _____.

CLERK/DEPUTY CLERK

Additional Case Numbers

<u>Case Number</u>	<u>Result</u>	<u>Date of Result</u>	<u>Charge</u>
	<input type="checkbox"/> Conviction		
	<input type="checkbox"/> Not Guilty / Dismissal		
	<input type="checkbox"/> Bail Forfeiture		
	<input type="checkbox"/> Conviction		
	<input type="checkbox"/> Not Guilty / Dismissal		
	<input type="checkbox"/> Bail Forfeiture		
	<input type="checkbox"/> Conviction		
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