CLERMONT COUNTY MUNICIPAL COURT CLERMONT COUNTY, OHIO

APPLICATION FOR EXPUNGEMENT OF RECORD

(Pursuant to R.C. 2953.32)

Full Name:		Alias/Maiden Name:	
Address:		Phone Number:	
City:		State:	ZIP:
Date of Birth:		SSN (Last Four):	
Case No	Charge(s):	
Date of Conviction:			
Case No	Charge(s):	
Date of Conviction:			
Case No.	Charge(s):	
Date of Conviction:			
Case No	Charge(s):	
Date of Conviction:			
I hereby acknowledge and affirm that knowledge. I hereby represent that no crir the appropriate time period, pursuant to R.O.	ninal ch	arges are pending against m	ne. I hereby represent that
A	pplicant	or Attorney Signature	Date
Defendant's Attorney			Supreme Court #
Defendant's Attorney's Address			Telephone Number

SEALING OF RECORD APPLICATION INFORMATION

- 1. A \$100.00 non-refundable filing fee is to be paid to the Clerk of Court Office at the time of application for the sealing of record of a conviction. No filing fee is required for Dismissals.
- 2. A court hearing is mandatory for all applications to seal or expunge a record. The date and time will be sent by mail by the assignment office.