

**IN THE COURT OF COMMON PLEAS
JUVENILE COURT DIVISION
CLINTON COUNTY, OHIO**

**EXPUNGEMENT APPLICATION
(O.R.C. 2151.358)**

Last Name _____

First Name _____ Middle Name _____

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

Date of Birth _____ Current Age _____

Social Security Number _____ - _____ - _____

Address _____

City _____ State _____ Zip _____

Phone Number() _____

Case number(s) requested to be expunged:

(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 expunged.

The applicant further states that the applicant is not currently under the jurisdiction of the Court in relation to a delinquency complaint and that a least five years 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 _____

Application to expunge record ORC 2151.358

share:sealexpungement/expungementapplication