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

IN THE MATTER OF	:	**CASE NO.** _____
	:	_____
_____	:	_____
(Name)	:	
	:	**JUDGE** _____
SS# _____	:	
DOB: _____	:	
	:	**APPLICATION**
Adjudicated Delinquent Child	:	**TO EXPUNGE RECORD**
	:	(O.R.C. §2151.358)

The case(s) requested to be expunged are: (list all case numbers and all charges)

Case Number	**Charge(s)**	**Date Closed**
_____	_____	_____
_____	_____	_____
_____	_____	_____

The undersigned Applicant hereby requests that the Applicant's record be expunged.
Applicant states that his/her record has already been sealed.
Applicant requests an early expungement for the following reasons:

_____ _____
Date Signature of Applicant

Current street address: _____
City, State, Zip _____
Telephone number _____
Email address _____

APPLICANT INFORMATION SHEET

In order to expunge the Applicant's record, the Court must determine that the Applicant has been rehabilitated to a satisfactory degree. The Court will look at a number of factors in determining whether or not the Applicant has been successfully rehabilitated:

General Information

Age of Applicant _____

Has the Applicant been charged with other delinquencies or unruly offenses as a juvenile, or criminal offenses as an adult? ☐-Yes ☐-No
If yes, please list all: _____

Is Applicant currently under investigation, on probation or parole or incarcerated?
☐-Yes ☐-No

Did the Applicant complete high school or a high school equivalency? ☐-Yes ☐-No
If yes, when and where? _____

Did the Applicant complete or attempt to complete post-secondary education? ☐-Yes ☐-No
If yes, when and where? _____

Applicant's Employment History:

Employer: _____ Dates Employed _____ to _____
Nature of Employment (duties/job description)

Employer: _____ Dates Employed _____ to _____
Nature of Employment (duties/job description)

Employer: _____ Dates Employed _____ to _____
Nature of Employment (duties/job description)

☐ Military Service _____ Entry Date:_____
Discharge Date:_____ Type of Discharge:_____

Please explain any other circumstances that Applicant feels are related to his/her rehabilitation (including, but not limited to substance abuse treatment, mental health treatment, other):

By signing this document, Applicant verifies that all above statements are true to the best of Applicant's knowledge.

_____
Applicant

STATE OF OHIO:
COUNTY OF _____: SS

Before me, a Notary Public, in and for above County and State, the above Applicant, _____, appeared and acknowledged that the above information is true to the best of his/her knowledge and placed his/her signature in my presence this _____ day of _____, 20_____.

_____
(seal) Notary Public
My Commission

Expires_____

CONSENT OF APPLICANT
TO RELEASE, OBTAIN & UTILIZE INFORMATION

Applicant Name: _____
SS# _____
DOB: _____

I, the undersigned Applicant, authorize release of records and information to the Clinton County Juvenile Court and the Clinton County Prosecutor's Office:

☐ School _____
(Attendance Records, Grade Reports, Discipline Reports)

☐ Post-Secondary Schooling/Vocational School/College _____
(Attendance Records, Grade Reports, Discipline Reports, Degrees/Certifications)

☐ Alcohol / Drug Treatment Facility _____
(Assessment, Recommendations, Summary of Treatment, Compliance, Toxicology/Drug Screen Results, Reports, Discharge Summary)

☐ Mental Health Treatment Facility _____
(Assessment, Diagnoses, Recommendations, Summary of Treatment, Compliance, Discharge Summary)

☐ Current Employer: _____
Address/Telephone _____
(Dates of Employment, Job Title, Discipline Record)

☐ Clinton County Probation Department
Other Probation or Parole Board _____

☐ Police/Law Enforcement Reports _____

☐ Other:_____

The undersigned Applicant acknowledges the following:

1. **I had an opportunity to seek legal counsel, but declined, and have elected not to do so.**

2. **I understand that this authorization extends to all or any part of the records designated above which may include treatment for mental illness (O.R.C. §5122.31), alcohol/drug use/and/or abuse (42 CFR Part 2).**

3. **I understand that I may revoke this authorization by providing written notice to the releasing agency/individual at any time except to the extent that action has already been taken in reliance on it, and I also understand that the authorization period can be modified by me.**

4. **I voluntarily consent to the release of designated information. I understand my records are protected under federal and state regulations governing confidentiality and cannot be disclosed without my written consent unless otherwise provided for in the regulations (42 CFR Part 2, 20 USC 1232g, O.R.C. §2151.14, O.R.C. §3701.243 and O.R.C. §5122.31)**

Unless otherwise contained in this document, this consent expires automatically upon the release of the requested information.

_____	_____
Date	Signature of Applicant
_____	_____
Date	Parent/Guardian if Applicant is less than 18 years old.

This information has been disclosed from records protected by Federal confidentiality rules (42 CFR Part 2). The Federal rules prohibit further disclosure or dissemination of the information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 CFR Part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose. The Federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient. Ohio law (Mental Health 5122.31), (HIV/AIDS 3701.243) also prohibits further disclosure of this information without the specific written consent of the person to whom it pertains. These conditions apply to every page disclosed and a copy of this authorization will accompany every disclosure. A photostatic copy of this authorization shall be considered valid.

NOTICE OF HEARING FOR EXPUNGEMENT

Pursuant to O.R.C. §2151.356(C)(2)(d)(ii) and (iii), or O.R.C. §2151.358(B)(4)(b) and (c), you are hereby notified that a hearing on Applicant's request for expungement (or early expungement) of the record will be held on _____ at _____ am/pm in the Clinton County Juvenile Court located at the Clinton County Courthouse, 46 S. South St., 2nd Floor, Wilmington, Ohio 45177.

Said hearing shall be no less than 45 days from the date of filing of the Application.

➔ ***After conducting the hearing, the Court may order the records of the person that are the subject of the motion or application to be sealed or expunged if it finds that the person has been rehabilitated to a satisfactory degree. In determining whether the person has been rehabilitated to a satisfactory degree, the Court may consider all of the following: (i) The age of the person; (2) The nature of the case; (3) The cessation or continuation of delinquent, unruly, or criminal behavior; (4) The education and employment history of the person; (5) Any other circumstances that may relate to the rehabilitation of the person who is the subject of the records under consideration.***

INSTRUCTIONS FOR SERVICE

To the Clerk:

Please serve a copy of the foregoing Application for Expungement of Record, Applicant Information Sheet, Consent to Release Form and Notice of Hearing to the Clinton County Prosecutor's Office in accordance with Local Rules.