

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

IN THE MATTER OF \_\_\_\_\_ : CASE NO. \_\_\_\_\_  
 \_\_\_\_\_ : \_\_\_\_\_  
 (Name) \_\_\_\_\_ : \_\_\_\_\_  
 SS# \_\_\_\_\_ : \_\_\_\_\_  
 DOB: \_\_\_\_\_ : \_\_\_\_\_  
 \_\_\_\_\_ : **APPLICATION**  
**Adjudicated Delinquent Child** : **TO SEAL RECORD**  
 \_\_\_\_\_ : (O.R.C. §2151.356)

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

<u>Case Number</u>	<u>Charge(s)</u>	<u>Date Closed</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

The undersigned Applicant hereby requests that the Applicant's record be sealed.

Applicant states that he/she is under the age of 18 and six months have passed since any of the following: 1) the termination of any order made by the Court for any listed cases; 2) he/she has been unconditionally discharged from ODYS or another institution/facility to which they have been committed; 3) there has been a determination by the Court under R.C. 2151.84 or 2151.85 that he/she is no longer a juvenile offender registrant.

OR

He/she is over the age of 18 and makes this application at any time after the later of the following: 1) the termination of any order made by the Court for any listed cases; 2) he/she has been unconditionally discharged from ODYS or another institution/facility to which they have been committed; 3) there has been a determination by the Court under R.C. 2151.84 or 2151.85 that he/she is no longer a juvenile offender registrant.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant

Current street address:  
City, State, Zip

\_\_\_\_\_  
\_\_\_\_\_

Telephone number \_\_\_\_\_

Email address \_\_\_\_\_

## **APPLICANT INFORMATION SHEET**

In order to seal 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 which include factors from O.R.C. §2151.356:

### **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: \_\_\_\_\_

Has Applicant paid in full all outstanding court costs and fines owed to Clinton County?

-Yes    -No

Is Applicant currently under investigation, on probation or parole or incarcerated?

-Yes    -No

It has been at least 6 months since the termination of the last court order on Applicant's case(s) or since being unconditionally discharged from the Department of Youth Services with respect to a dispositional order made as a result of the adjudication, or from an institution or facility to which Applicant was committed pursuant to a dispositional order made in relation to the adjudication.    -Yes    -No

Was the Applicant granted a new tier of classification or declassification from the Juvenile Offender Registry, except for public registry-qualified juvenile offender registrants?

-Yes    -No    If yes, please explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

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

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 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), 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 SEALING**

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 sealing of the record will be held on \_\_\_\_\_ at \_\_\_\_\_ am/pm in the Clinton County Juvenile Court located at 46 S. South St., 2<sup>nd</sup> Floor, Wilmington, OH 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.*

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## **INSTRUCTIONS FOR SERVICE**

To the Clerk:

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

