IN THE COURT OF COMMON PLEAS, FAIRFIELD COUNTY, OHIO **JUVENILE DIVISION** JUDGE TERRE L. VANDERVOORT



APPLICATION TO SEAL RECORD

Ohio Revised Code § 2151.356

| NAME | | | | DOB | | AGE | |
|---|-----------------------|-----------------------------|----------------|-----------------------|-------|-------------------|--|
| ADDRESS | | CITY | | STATE | | ZIP | |
| PHONE NUMBER | SSN | | DRIVERS LICENS | | | E | |
| TYPE OF CASE (CHECK ONE) | Deli | nquency | | Traffic | | | |
| Were you on probation or parole as | a result of | this charge? |] Yes | □No | | | |
| If yes, name of probation or parole of | officer: | | | | | | |
| Have you been adjudicated or conyour last contact with the court? | | nny juvenile and/or ☐ No | adult | criminal or | traff | ic offenses since | |
| If yes, please complete the following | g: | | | | | | |
| DATE | OFFENSE | | | COURT | OF | LOCATION | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| Is your driver's license currently suspended? | | | Y | Yes | | No | |
| Are you going to school? | | | Y | Yes | | No | |
| Have you been suspended from school since your conviction? | | | Y | Yes | | No | |
| If so, for what? | | | | | | | |
| If so, where? | What are your grades? | | | | | | |
| Are you employed? | | | Y | Yes | | No | |
| If so where? | | | How | How long? | | | |
| Please list your employment his | tory: | | | | | | |
| Date | Location | | | Reason for Leaving | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| What other activities are you inv | olved in? | | | | 1 | | |
| Date | Organization | | | | | Activity | |
| | | | | | | | |
| | | | | | | | |

| Please indicate any other information you would like the Court to know in reviewing your application. You may attach separate sheets if necessary. | |
|---|----------|
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| | |
| PLEASE ATTACH: | |
| If in school, latest grade cardCopy of latest pay stub | |
| PLEASE NOTE: Complete the attached application and a hearing may be scheduled for consideration needs the court. You will be notified of the hearing date or direction by the Court. | 1 |
| BY SUBMITTING THIS APPLICATION I AM REQUESTING THAT THE FAIRFIELD COUNTY JUVENILE COURT SEAL MY RECORD PURSUANT TO OHIO REVISED CODE § 2151.356. | |
| HEREBY AUTHORIZE THE RELEASE OF ANY SCHOOL AND/OR POLICE REPORTS THAT MAY AID THE COURT IN MAKING A FINDING IN THIS MATTER. | (|
| A hearing may be scheduled on this application. You have a right to an attorney on this matter. If you cannot afford one, you may apply for an attorney by completing an "Application for Court Appointed Attorney" at the Juvenile Court Clerk's office. | |
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| | _ |
| SIGNATURE OF APPLICANT DATE | |
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| | _ |
| SIGNATURE OF PARENT /GUARDIAN DATE | |