

# SEALING CRIMINAL RECORDS

If you want your criminal record, bail forfeiture, no bill (no indictment), not guilty finding, or dismissal sealed and unavailable to the public, you may wish to review the relevant provisions in Chapter 2953 of the Ohio Revised Code. The Ohio Revised Code is available on-line and in hard copy in most libraries.

Sample forms are attached. You may type or legibly print or write your request to seal your conviction record. Make sure you have your criminal case number and list it on your paperwork. You must file the original application/motion with the Clerk of Courts (Room 106) and deliver a copy of the application to the Lorain County Prosecutor's Office. There is a \$50.00 fee to file your documents. If you are indigent and cannot pay the fee, you must file a motion to waive payment with your original application. If the Judge grants the motion to waive payment, your filing fee will be waived. If the Judge denies your motion to waive payment, your record cannot be sealed until the filing fee is paid. In any event, if any costs or restitution are still outstanding on your case, these must be paid in full before the record can be sealed, absent a court order to the contrary.

## WARNING WARNING

These sample forms are offered with the admonition that, while you have the right to represent yourself to request that your record be sealed, the Clerk of Courts recommends that you retain or seek the assistance of an attorney. These forms are offered merely to provide you with examples. You must tailor your application/motion to the needs of your case.

Also, preparing the appropriate forms with your relevant information is only the first step in the Court process. If you decide to represent yourself, you will have to become knowledgeable of the applicable code sections, the Ohio Rules of Criminal Procedure, the Ohio Rules of Evidence, and this Court's Local Rules. **OUR OFFICE DOES NOT PROVIDE LEGAL ADVICE.**

You may be required to prepare the final judgment entry with all the applicable forms in an accurate and legal format. Your case cannot be sealed unless and until a final judgment entry has been signed by the Judge, filed, and journalized. Filing a motion does NOT obligate the Court to grant your request to seal your record. There is no refund of the filing fee if the Judge denies your request, and any subsequent request made to the Court to reconsider the denial will be treated as a new petition, requiring payment of the \$50.00 filing fee.

Finally, it is helpful to understand that a sealed record never completely "goes away." There are instances under Ohio law where access to information from a sealed record may be provided to certain requestors. Criminal case information is regularly acquired by third parties and legally sold, and may not be updated to reflect that a case is no longer available for public access. For more information, please consult with an attorney.

LORAIN COUNTY COURT OF COMMON PLEAS  
LORAIN COUNTY, OHIO

STATE OF OHIO \* CASE NO(S). \_\_\_\_\_  
\* \_\_\_\_\_  
Plaintiff, \* \_\_\_\_\_  
\* JUDGE \_\_\_\_\_  
-vs- \* \_\_\_\_\_  
\* APPLICATION TO SEAL RECORD  
\* OF CONVICTION(S)  
\* \_\_\_\_\_  
Defendant/Applicant \*

I respectfully request the Court to seal my criminal record(s) pursuant to Ohio Revised Code §2953.32. I am an eligible offender as defined in §2953.31(A); pursuant to R.C. §2953.32(A)(1) the requisite period of time has passed since my final discharge of any felony conviction(s), and/or one year has passed since my final discharge of any misdemeanor conviction(s); and/or one year has passed since the date on which my misdemeanor bail forfeiture was journalized; and no criminal proceedings are pending against me.

Charge(s) to be Sealed: \_\_\_\_\_

Date of Sentence: \_\_\_\_\_

If Probation, Date Terminated: \_\_\_\_\_

Current Address of Applicant: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

\_\_\_\_\_  
Defendant / Applicant Signature

CERTIFICATE OF SERVICE

I hereby certify that a true copy of the above Application was delivered by HAND or MAIL (circle one) to the Office of the Prosecutor (225 Court St., 3<sup>rd</sup> Floor, Elyria, OH 44035) on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Defendant / Applicant Signature

LORAIN COUNTY COURT OF COMMON PLEAS  
LORAIN COUNTY, OHIO

STATE OF OHIO \* CASE NO. \_\_\_\_\_  
Plaintiff, \*  
- vs - \* JUDGE \_\_\_\_\_  
\*  
\_\_\_\_\_  
Defendant/Applicant \* APPLICATION TO SEAL RECORD  
INVOLVING NON-CONVICTION

I respectfully request the Court seal my record of non-conviction pursuant to Ohio Revised Code §2953.52. No criminal proceedings are pending against me, and one of the following applies, as checked:

- \_\_\_\_\_ I was found not guilty of a criminal offense by a jury or court; or  
\_\_\_\_\_ I was the defendant named in a dismissed complaint, indictment, or information; or  
\_\_\_\_\_ It has been two years since the foreman or deputy foreman of the grand jury reported to the court that the grand jury reported a no bill against me.

Charge(s) to be Sealed: \_\_\_\_\_

Date of Acquittal/Dismissal: \_\_\_\_\_  
Was this treatment or intervention in lieu of conviction? Y/N \_\_\_\_\_

Date of No Bill Report: \_\_\_\_\_

Current Address of Applicant: \_\_\_\_\_

Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

\_\_\_\_\_  
Defendant/Applicant Signature

CERTIFICATE OF SERVICE

I hereby certify that a true copy of the above Application was delivered by HAND or MAIL (circle one) to the Office of the Prosecutor on the \_\_\_\_\_ day of \_\_\_\_\_, 201\_\_\_\_.

\_\_\_\_\_  
Defendant/Applicant Signature

LORAIN COUNTY COURT OF COMMON PLEAS  
LORAIN COUNTY, OHIO

STATE OF OHIO, Plaintiff	:	CASE NO. _____
-vs-	:	JUDGE _____
_____	:	AFFIDAVIT OF INDIGENCY
Defendant	:	

After being duly cautioned and sworn, I hereby state the following information is true to the best of my knowledge and belief. I understand I am subject to criminal charges for providing false information.

I.	INCOME	Net Monthly Pay
	1. Employer _____ yrs. ____ mos. ____ Position _____ Spouse's employer _____	_____ _____ _____
	2. Alimony/child support received	_____
	3. Public benefits received (TANF, SS, SSI, WIC, etc.)	_____
	4. Other income (pension, interest, etc.)	_____
	TOTAL INCOME	_____
II.	ASSETS	
	1. Cash on hand \$ _____	
	Cash in bank \$ _____	
	Cash at home \$ _____	TOTAL CASH _____
	2. Own motor vehicle Y/N _____	
	Make _____ Year _____	Value _____
	3. Own house Y/N How long? _____	Value _____
	4. Other property Y/N _____	Value _____
III.	MAJOR DEBTS	Monthly Payments
	_____	_____
	_____	_____
IV.	FAMILY COMPOSITION	
	1. Number of persons you are required to support	_____
	2. Ages of such persons	_____
	3. Their relationship to you (spouse, child, parent, etc.)	_____

I further state I am indigent at this time; unable to pay the application fee for sealing my criminal record in the within matter; and, hereby request an indigency hearing before the Court.

\_\_\_\_\_  
Defendant's signature

Sworn to and subscribed in my presence this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by the above named Affiant.

\_\_\_\_\_  
Notary Public/Deputy Clerk of Court



LORAIN COUNTY COURT OF COMMON PLEAS
Lorain County Adult Probation Department

308 Second Street, Elyria, OH 44035
(440) 326-4700 or 244-6261 Ext. 4700 Fax (440) 328-2128

Expungement/Sealing of Records Questionnaire

Name: Last First Middle Sex(circle): M / F
Alias/Maiden Name: Are you a U.S. citizen: Yes/No

DOB: Age: Social Security #:

Address: Race:
address
Phone #:
City State Zip

Where were you born: City State

Height: Weight: Hair: Eyes:

Have you ever served in the military?: Yes No

Marital Status (Please Circle):

Single Married Divorced Separated Widowed

Number of Children:

Education
Highest Grade Completed:

Fines/Court Costs/Restitution
Paid in Full (Please circle): Yes/No Amount Owed:

Income
Current Income per month:
Current Employer Name:
Employer Address: Address City State

**If you are not employed please circle one of the following:**

SSI/Disability      Laid Off      Unemployed      Student      Family/Friends Assist

**If you receive government assistance please circle the following that apply and provide an amount that you are awarded per month:**

SSI/SSD Amount: \_\_\_\_\_ Verified (office use only): \_\_\_\_\_

Unemployment Amount: \_\_\_\_\_ Verified (office use only): \_\_\_\_\_

Food Stamps Amount: \_\_\_\_\_ Verified (office use only): \_\_\_\_\_

**Criminal Record**

**Please list all arrests and/or convictions: (If you need additional room please use back)**

<u>Date</u>	<u>Place</u>	<u>Charge</u>	<u>Result</u>

**Please provide a statement in regards to your offense or crime. Include any reason you had for committing the crime or offense and how you feel about what you did. (If you need additional room please use back)**

**If you would not like to make a statement please initial here: \_\_\_\_\_**

**Defense Attorney: \_\_\_\_\_**

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_