UPPER ARLINGTON MAYOR'S COURT RECORD SEALING/EXPUNGEMENT APPLICATION

File with the Clerk of Court's office located at 3600 Tremont Rd.,

Upper Arlington, OH 43221

APPLICATION FOR RECORD SEALING/EXPUNGEMENT – R.C. 2953.32/2953.33

Full Name:	Alias/Maiden Name:	
Address:	Phone Number:	
City:	State: Zip Code:	
Date of Birth:	SSN:	
Email Address:		

Case Number	Application for	Charge(s)
	Sealing Conviction / Bail forfeiture	
	Sealing Not Guilty / Dismissal	
	Expunging Conviction / Bail forfeiture	
	Expunging Not Guilty / Dismissal	
	Sealing Conviction / Bail forfeiture	
	Sealing Not Guilty / Dismissal	
	Expunging Conviction / Bail forfeiture	
	Expunging Not Guilty / Dismissal	
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	Expunging Conviction / Bail forfeiture	
	Expunging Not Guilty / Dismissal	

Sealing Conviction / Bail forfeiture Sealing Not Guilty / Dismissal Expunging Conviction / Bail forfeiture Expunging Not Guilty / Dismissal Sealing Conviction / Bail forfeiture Sealing Not Guilty / Dismissal	
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Expunging Conviction / Bail forfeiture	
Expunging Not Guilty / Dismissal	

	Applicant or Attorney Signature	Date
Applicant's Attorney	Supreme	Court #
Applicant's Attorney's Address	Phone #	
<u>C</u>	ertificate of Service	
I, the undersigned, do hereby certify that	a copy of this Application for Sealing of Reco	ords was
served upon the prosecutor(s) on this	day of	

Deputy Clerk