

## UPPER ARLINGTON MAYOR'S COURT RECORD SEALING/EXPUNGEMENT APPLICATION

*File with the Clerk of Court: 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)
	<input type="checkbox"/> Sealing Conviction / Bail forfeiture	
	<input type="checkbox"/> Sealing Not Guilty / Dismissal	
	<input type="checkbox"/> Expunging Conviction / Bail forfeiture	
	<input type="checkbox"/> Sealing Conviction / Bail forfeiture	
	<input type="checkbox"/> Sealing Not Guilty / Dismissal	
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	<input type="checkbox"/> Sealing Not Guilty / Dismissal	
	<input type="checkbox"/> Expunging Conviction / Bail forfeiture	

The above-named applicant states that they qualify for the relief sought above, under the applicable provision(s) of R.C. Chapter 2953.

\_\_\_\_\_  
Applicant or Attorney Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's Attorney

\_\_\_\_\_  
Supreme Court #

\_\_\_\_\_  
Applicant's Attorney's Address

\_\_\_\_\_  
Phone Number

**Certificate of Service**

I, the undersigned, do hereby certify that a copy of this Application for Sealing of Records was served upon the prosecutor(s) on this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Deputy Clerk