**IN THE COURT OF COMMON PLEAS, PREBLE COUNTY, OHIO**

**GENERAL DIVISION**

**STATE OF OHIO : CASE NO.**

 **PLAINTIFF : JUDGE STEPHEN R BRUNS**

 **-vs- :**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ : APPLICATION TO SEAL RECORD**

 **: OF DISMISSAL, NOT GUILTY VERDICT OR**

 **DEFENDANT “NO BILL”**

**::::::::::::::::::::::::::::::::::::::::::::::::::::::::::::::::::::::::::::::::::::::::::::::::::::::::::::::::::::::::::::::::::::::**

 I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, am respectfully applying to this Court for sealing of my record of dismissal, not guilty, or “no bill” in this case.

 On\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, the following charges were dismissed, either by motion, not guilty verdict, or “no bill” by the grand jury:

Name of Offense/Charge Offense Code Degree

|  |  |  |
| --- | --- | --- |
| 1. |  |  |
| 2. |  |  |
| 3. |  |  |
| 4. |  |  |
| 5. |  |  |

There are no criminal proceedings currently pending against me. I am requesting my record be sealed for the following reason(s):

|  |  |
| --- | --- |
| Dismissed after Successful Completion of ILC |  |
| Dismissed after Successful Completion of Diversion |  |
| “Not Guilty” |  |
| “No Bill” |  |
| Dismissed by State |  |
| “Other”  |  |

 I believe that my interest in sealing the record outweighs any interest of the government in maintaining the records and that I meet all other criteria for sealing.

My current information is as follows:

Full Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

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

Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

 Applicant/Defendant Signature