

IN THE COURT OF COMMON PLEAS
JUVENILE COURT DIVISION
TRUMBULL COUNTY, OHIO
220 Main Ave SW, Warren, Ohio 44482

SEALING/EXPUNGING APPLICATION

NAME _____
(Please Print) (Last) (First) (Middle Initial)
(Application should list name when the juvenile record was obtained, even if different now)

DATE OF BIRTH _____ CURRENT AGE _____ SS# _____ - _____ - _____

EMAIL ADDRESS: _____ SEX _____ RACE _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____ PHONE _____

CASE NUMBER (S) REQUESTED TO BE: SEALED
(Juvenile Clerks will help you if you do not know the case number)

The undersigned applicant hereby requests that the applicant's record(s) be sealed.

The applicant further states that the applicant is not currently under the jurisdiction of the court in relation to a delinquency complaint, at least 6 months have passed since the termination of any order made by the court in relation to the case (if under 18 years of age), or any unconditional discharge from any institution or facility if the applicant was committed to an institution of facility in relation to the case, and the applicant is not a juvenile registrant.

The applicant also authorizes the release of any school and/or police report that may aid the Court in making a finding in this matter.

Applicant also certifies that he or she has no adult record in any county in the U.S.A.

If yes, please list counties. _____

Applicant's Signature _____ Date _____