

**IN THE COURT OF COMMON PLEAS  
SUMMIT COUNTY OHIO CRIMINAL DIVISION**

_____	: Common Pleas Case #s	_____
Applicant's Name	:	_____
	:	_____
	:	_____
	:	_____
	:	_____
	:	_____
	:	_____

*Please complete table on next page*

**APPLICATION TO SEAL RECORD OF  
CONVICTION PURSUANT TO O.R.C. 2953**

The Applicant moves the Court to order the sealing of the record of conviction in the following case(s) and all related records pursuant to O.R.C. 2953.

_____	_____
Street Address of Applicant	Name of Attorney (if applicable)
_____	_____
City, State, Zip Code of Applicant	Attorney Registration No. (if applicable)
_____	_____
Social Security Number of Applicant	Street Address of Attorney (if applicable)
_____	_____
Date of Birth of Applicant	City, State, Zip Code of Attorney (if applicable)
_____	_____
Race or Ethnicity of Applicant	Email Address of Attorney (if applicable)
_____	_____
Telephone Number of Applicant	Telephone No. of Attorney (if applicable)
_____	_____
Email of Applicant	Signature of Attorney (if applicable)

Please list all aliases, maiden names, or name changes of the applicant since the age of 18:

---

Please list all cities that the applicant has lived in since the age of 18 (including locations of colleges, schools, military assignments, and employment locations):

---

Current place of employment of applicant and if unemployed, current source of income:

---

Reason for requesting this sealing (employment, housing, education, other):

---

*Please complete this table for all cases to be considered for sealing:*

<b>Common Pleas Case Number</b>	<b>Municipal Case Number</b>	<b>Municipal Jurisdiction</b>	<b>Charges</b>	<b>Date of Disposition</b>

I, undersigned, acknowledge the above information is true and correct to the best of my ability and that I have no criminal proceedings against me. I further certify that all applicable sealing requirements under O.R.C. Chapter 2953 are met.

---

Signature of Applicant