

**IN THE COURT OF COMMON PLEAS, FRANKLIN COUNTY, OHIO  
CRIMINAL DIVISION**

In the Matter of:

Sealing Case No.

Criminal Case Number(s):

**Application for Order Sealing Record of Conviction or Bail Forfeiture [R.C. 2953.32(A)]**

\_\_\_\_\_, by counsel, applies to the Court for an  
[Name of applicant]  
Order sealing all official records of \_\_\_\_\_ for a \_\_\_\_\_  
[Indicate conviction or bail forfeiture] [Indicate felony or misdemeanor]  
in criminal Case No. \_\_\_\_\_ Court of Common Pleas, Franklin County, Ohio, as  
provided in Section 2953.32 of the Ohio Revised Code. Applicant was convicted or forfeited bail on  
the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.  
[month] [year]

\_\_\_\_\_  
Attorney for Applicant  
Supreme Court Reg. No. \_\_\_\_\_

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip Code

**Memorandum in Support of Application for Order Sealing Record**

Applicant is an eligible offender as defined in R.C. 2953.31; and at the expiration of three years after applicant's final discharge if convicted of a felony of the third degree; expiration of one year after final discharge if convicted of a felony of the fourth or fifth degree or a misdemeanor; any person who has been arrested for any misdemeanor offense and who has effected a bail forfeiture for the offense charged may apply to the court in which the misdemeanor criminal case was pending when bail was forfeited for the sealing of the record of the case that pertains to the charge. Applicant otherwise satisfies the requirements of R.C. 2953.32 for granting this application.

The applicant is not indigent and deposits herewith the sum of fifty dollars, **(\$50.00 plus a non-refundable e-filing convenience fee when applicable)**, as set forth in R.C. 2953.32; or applicant claims to be indigent and has attached a Financial Disclosure and Affidavit of Indigency as Exhibit A to this application.

\_\_\_\_\_  
Attorney for Applicant

APPLICANT'S FULL NAME: \_\_\_\_\_

SEX: \_\_\_\_\_ RACE: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

SSN: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

TELEPHONE NO. \_\_\_\_\_