

IN THE COURT OF COMMON PLEAS, COSHOCTON COUNTY, OHIO  
JUVENILE DIVISION

IN THE MATTER OF: \_\_\_\_\_ I.D. NO. \_\_\_\_\_

APPLICATION FOR SEALING OF JUVENILE COURT RECORDS  
2151.356

Case No.	Date	Offense
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

(If additional offenses list on separate sheet of paper)

\_\_\_\_\_, the above name applicant, hereby makes application for sealing of the Juvenile Court records in this Court, and certifies that the following statements and information are true in all respects:

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_

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

Last date of termination of any and all prior Orders of this Court or unconditional release from the Ohio Department of Youth Services or other institution: (must be at least 2 years since termination of any prior Court order in this Court): \_\_\_\_\_

Current Employment: \_\_\_\_\_

How long have you been employed at this employer: \_\_\_\_\_

Previous Employment: \_\_\_\_\_

Are you currently under investigation, on probation or parole, or incarcerated? \_\_\_\_\_

Do you have any pending criminal proceedings, list charge(s) and Court(s): \_\_\_\_\_

Other information you want to share with the Court to show that you have been rehabilitated to a satisfactory degree:\_\_\_\_\_

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

The applicant further states that the applicant is not currently under the jurisdiction of the Court in relation to a delinquency complaint and that at least two years have passed since the termination of any order made by the Court in relation to the case, or any unconditional discharge from any institution or facility if the applicant was committed to an institution or facility in relation to the case.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

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Statement of Prosecuting Attorney

In the opinion of the Prosecuting Attorney of Coshocton County, the rehabilitation of this person (has/has not) been attained to a satisfactory degree.

I (approve/do not approve) the sealing of said record(s).

\_\_\_\_\_  
(Assistant) Prosecuting Attorney

\_\_\_\_\_  
Date