

## **Sealing Adult Criminal Record(s)**

**For information on sealing** (expunging) your adult criminal record(s), please visit Southeastern Ohio Legal Service's website [www.seols.org/other-cases/](http://www.seols.org/other-cases/). Click on [“Understanding and Sealing Criminal Records”](#) link to access *The Ohio Justice & Policy Center's Criminal Records Manual* to determine if your conviction records can be sealed. This guide is a great resource to answer most of your questions on records sealing.

**To find case information**, you may search the online docket available via the Clerk of Courts Legal Department website at [www.coshocounty.net/coc](http://www.coshocounty.net/coc). Records information is available online beginning January 1, 1999 thru present. For information on records 1998 and older, please contact the Clerk of Courts office at (740) 622-1456.

**There is a \$50.00 filing fee** to file the Sealing Packet unless accompanied by a completed and notarized Poverty Affidavit, subject to approval by the Court of Common Pleas.

**If sealing or expunging a record of not guilty finding, dismissal, no bill, or criminal record of applicant who has been granted a pardon:** NO CHARGE TO APPLICANT; see RC 2953.33 generally

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

**APPLICATION FOR SEALING OF RECORDS – R.C. 2953.32/2953.52**

Defendant makes application to this Court for an Order sealing the official records in the following case(s). If defendant is requesting to seal criminal records in multiple cases, such request is being made in one application and upon the payment of fifty dollars (unless indigent), regardless of the number of records, pursuant to R.C. 2953.32(C)(3).

Full Name:	Alias/Maiden Name:
Current Mailing Address:	City:
State:    Zip:	Phone #:
Date of Birth:	Last 4 Digits of Social Security #:

<u>Case Number</u>	<u>Charge(s)</u>	<u>Level of Offense</u>	<u>Result</u>	<u>Date of Result</u>
			<input type="checkbox"/> Conviction <input type="checkbox"/> Not Guilty / Dismissal <input type="checkbox"/> Bail Forfeiture	
			<input type="checkbox"/> Conviction <input type="checkbox"/> Not Guilty / Dismissal <input type="checkbox"/> Bail Forfeiture	

(Use additional pages attached as needed.)

There are currently no charges pending against the Defendant.

Defendant is applying to seal these records for the following reasons:

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\_\_\_\_\_  
Defendant Signature

\_\_\_\_\_  
Date

<u>Case Number</u>	<u>Charge(s)</u>	<u>Level of Offense</u>	<u>Result</u>	<u>Date of Result</u>
			<input type="checkbox"/> Conviction <input type="checkbox"/> Not Guilty / Dismissal <input type="checkbox"/> Bail Forfeiture	
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			<input type="checkbox"/> Conviction <input type="checkbox"/> Not Guilty / Dismissal <input type="checkbox"/> Bail Forfeiture	
			<input type="checkbox"/> Conviction <input type="checkbox"/> Not Guilty / Dismissal <input type="checkbox"/> Bail Forfeiture	
			<input type="checkbox"/> Conviction <input type="checkbox"/> Not Guilty / Dismissal <input type="checkbox"/> Bail Forfeiture	

IN THE COURT OF COMMON PLEAS, COSHOCTON COUNTY, OHIO

State of Ohio, :  
Plaintiff : Case No. \_\_\_\_\_

vs : ORDER

\_\_\_\_\_, :

Defendant :

\*\*\*\*\*

The above named defendant, \_\_\_\_\_, of  
(full name)

\_\_\_\_\_, DOB: \_\_\_\_\_,  
(complete home address, including Zip Code \*\*Do Not use P.O. Box) (date of birth)

has made application for sealing of his/her record on \_\_\_\_\_,  
(date of filing)

202 \_\_, pro

se

In accordance with the requirements of Section 2953.32(B), the court directs the court's PSI Officer to make inquiries and a written report as to the applicant's background and record.

**IT IS FURTHER ORDERED THAT DEFENDANT IMMEDIATELY CONTACT THE COURT P.S.I. OFFICER AT 740-622-1595.**

**IT IS SO ORDERED.**

Date: \_\_\_\_\_

\_\_\_\_\_  
**ROBERT J. BATCHELOR, JUDGE**

CERTIFICATE OF SERVICE

I hereby certify that a true copy of the Judgment Entry was served upon Ben Hall, Prosecuting Attorney, 318 Chestnut Street, Coshocton, Ohio 43812, and upon the Court PSI Officer, 318 Main Street, Coshocton, Ohio 43812, by placing such copies in their office mail slots located in the Courthouse, and upon

defendant \_\_\_\_\_, by regular U.S. mail, postage prepaid, this \_\_\_\_\_ day of \_\_\_\_\_, 202\_\_.

\_\_\_\_\_  
Deputy Clerk

IN THE COURT OF COMMON PLEAS, COSHOCTON COUNTY, OHIO

State of Ohio, :

Plaintiff :

vs :

Case No. \_\_\_\_\_  
**JUDGMENT ENTRY**  
Order to Seal Records

\_\_\_\_\_, :

Defendant :

\*\*\*\*\*

This matter came before the Court for hearing on the application for expungement of the applicant's conviction. Upon consideration thereof, the evidence and arguments of counsel, the Court finds that the applicant is a first offender, that there is no criminal proceeding against the applicant, that the applicant's rehabilitation has been attained to the satisfaction of the Court, and that the expungement of the record of applicant's conviction is consistent with the public interest.

**THEREFORE, IT IS HEREBY ORDERED** that all official records pertaining to this case shall be sealed and all indexed references thereto shall be deleted, *including reference to any related arrest records*, that the proceedings in said case shall be deemed not to have occurred, and that the applicant's conviction shall be expunged, subject to the exceptions

and provisions set forth in Revised Code Section 2953.32, as now enacted and is herein amended.

**IT IS FURTHER ORDERED** that the applicant is hereby restored to all rights and privileges nor otherwise restored by termination of sentence or probation or by final release on parole.

**IT IS FURTHER ORDERED** that no officer or employee of the State, or any political subdivision thereof, except as authorized by Division (D) and (E) of Section 2953.32 of the Ohio Revised Code, shall release, disseminate, or make available for any purpose involving employment, bonding, or licensing in connection with any business, trade, or profession to any person, or to any department, agency, or other instrumentality of the State Government or any political subdivision thereof, any information or other data concerning any arrest, indictment, trial hearing, conviction, or correctional supervision.

**IT IS FURTHER ORDERED** that copies of this entry shall be served by the **Clerk of Courts on the following by certified mail return receipt requested:**

1. The Prosecuting Attorney of Coshocton County, Ohio  
318 Chestnut Street, Coshocton, Ohio 43812

2. Records Department of the Coshocton County Sheriff's Office, 328 Chestnut Street, Coshocton, Ohio 43812.
3. BCI & I, P.O. Box 365, London, Ohio 43140.
4. Ohio Department of Rehabilitation and Corrections, Bosco Division, *Attn. Records Officer and internet Web Site Administrator* Melissa Adams, 770 West Broad Street, Columbus, Ohio 43222.
5. Federal Bureau of Investigation (FBI), 1000 Custer Hollow Road, Clarksburg, WV 26306-0001
6. Pursuant to Ohio Revised Code Section 2953.53, to any public office or agency that the Court knows or has reason to believe may have any record of the case, whether or not it is an official record.

**IT IS FURTHER ORDERED** that none of the foregoing persons inspect or use said records not permit the inspection or use of said records except as provided in Revised Code Section 2953.32 as now enacted and as hereinafter amended.

For purpose of identification, the information is provided for the arresting agency and any custodians of arrest and conviction data:

Applicant's full name:

Sex:

Race:

Date of Birth:

Coshocton County Common Pleas Court

Case No.:

Charge(s):

Ohio BCI Number: Unknown

FBI Number: N/A

**IT IS SO ORDERED.**

Date: \_\_\_\_\_

\_\_\_\_\_  
ROBERT J. BATCHELOR, JUDGE

**CERTIFICATE OF SERVICE**

I hereby certify that a true copy of the Judgment Entry was served upon Ben Hall, Prosecuting Attorney, 318 Chestnut Street, Coshocton, Ohio 43812, and upon the Court PSI Officer, 318 Main Street, Coshocton, Ohio 43812, by placing such copies in their office mail slots located in the Courthouse, and upon

defendant \_\_\_\_\_, by regular U.S. mail, postage prepaid,  
this \_\_\_\_\_ day of \_\_\_\_\_, 202\_\_\_\_\_.



**\*\*\*\* IMPORTANT NOTICE \*\*\*\***

SHOULD THE COURT ORDER YOUR RECORD SEALED, WE STRONGLY SUGGEST THAT YOU FAX THE FOLLOWING COMPANIES YOUR CERTIFIED COPY OF THE COURT ORDER SO YOUR CASE WILL BE REMOVED FROM THEIR DATABASE. THESE COMPANIES CONDUCT BACKGROUND CHECKS FOR MANY EMPLOYERS, SO IT IS IMPORTANT THAT YOU CONTACT THEM DIRECTLY.

COURT VENTURES  
ATTN: KIM JARAMILLO  
FAX (714)459-8272  
1211 N LAS BRISAS ST  
ANAHEIM, CA 92806

CORELOGIC SAFERENT  
CONSUMER RELATIONS  
FAX (888)560-6729  
7300 WESTMERE ROAD, STE 3  
ROCKVILLE, MD 20850  
[WWW.RESIDENTSCREENING.COM](http://WWW.RESIDENTSCREENING.COM)

CBC COMPANIES  
ATTN: CHERYL MCMAHAN  
FAX (614)538-6102  
1651 NW PROFESSIONAL PLAZA  
COLUMBUS, OHIO 43220-3866

INTELLICORP RECORDS INC  
ATTN: COMPLIANCE DEPARTMENT  
FAX (216)450-5279  
3000 AUBURN DR  
SUITE 410  
BEACHWOOD, OH 44122

ASURINT  
ATTN: COMPLIANCE DEPARTMENT  
FAX (800)906-2034  
1501 EUCLID AVE  
SUITE 900  
CLEVELAND, OH 44115

LEXIS NEXIS  
Call for further instructions: 866-491-0873

IN THE COURT OF \_\_\_\_\_  
 \_\_\_\_\_ COUNTY, OHIO

	)	CASE NO.
	)	
Plaintiff,	)	JUDGE
	)	
vs.	)	
	)	
	)	<b><u>FINANCIAL DISCLOSURE /</u></b>
	)	<b><u>AFFIDAVIT OF INDIGENCY</u></b>
	)	<b><u>AND ORDER</u></b>
Defendant.	)	

Pursuant to R.C. § 2323.311, the below named Applicant requests that the Court determine that the Applicant is an indigent litigant and be granted a waiver of the prepayment of costs or fees in the above captioned matter. The Applicant submits the following information in support of said request.

Personal Information			
Applicant's First Name	Applicant's Last Name		
Other Persons Living in Your Household			
First Name	Last Name	Is this person a child under 18?	Relationship (Spouse or Child)
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Public Benefits			
I receive the following public benefits and my gross income, including the cash benefits marked below, does not exceed <b>187.5%</b> of the federal poverty guidelines.			
Place an "X" next to any benefits you receive.			
Ohio Works First <sup>1</sup> : <input type="checkbox"/> SSI <sup>2</sup> : <input type="checkbox"/> Medicaid <sup>3</sup> : <input type="checkbox"/> Veterans Pension Benefit <sup>4</sup> : <input type="checkbox"/> SNAP / Food Stamps <sup>5</sup> : <input type="checkbox"/>			
Monthly Income			
I am <b>NOT</b> able to access my spouse's income <input type="checkbox"/>			
	Applicant	Spouse (If Living in Household)	Total Monthly Income
Gross Monthly Employment Income, including Self-Employment Income (Before Taxes)	\$	\$	\$
Unemployment, Worker's Compensation, Spousal Support (If Receiving)	\$	\$	\$
<b>TOTAL MONTHLY INCOME</b>			<b>\$</b>

**Pursuant to R.C. § 2323.311(B)(3)**, upon the filing of a civil action or proceeding and the affidavit of indigency under division (B)(1) of this section, the clerk of the court shall accept the action or proceeding for filing.

Liquid Assets	
Type of Asset	Estimated Value
Cash on Hand	\$
Available Cash in Checking, Savings, Money Market Accounts	\$
Stocks, Bonds, CDs	\$
Other Liquid Assets	\$
<b>Total Liquid Assets</b>	<b>\$</b>

  

Monthly Expenses			
Column A		Column B	
Type of Expense	Amount	Type of Expense	Amount
Rent / Mortgage / Property Tax / Insurance	\$	Insurance (Medical, Dental, Auto, etc.)	\$
Food / Groceries	\$	Child or Spousal Support that You Pay	\$
Utilities (Heat, Gas, Electric, Water / Sewer, Trash)	\$	Medical / Dental Expenses or Associated Costs of Caring for a Sick or Disabled Family Member	\$
Transportation / Gas	\$	Credit Card, Other Loans	\$
Phone	\$	Taxes Withheld or Owed	\$
Child Care	\$	Other (Specify)	\$
<b>Total Column A Expenses</b>	<b>\$</b>	<b>Total Column B Expenses</b>	<b>\$</b>
<b>TOTAL MONTHLY EXPENSES (Column A + Column B)</b>			

I, \_\_\_\_\_, hereby, certify that the information I have provided on  
 (Print Name)  
 this financial disclosure form is true to the best of my knowledge and that I unable to prepay the costs or fees in this case.

\_\_\_\_\_  
 Signature

SWORN TO AND SUBSCRIBED BEFORE ME, A NOTARY PUBLIC, THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
 Notary Public

Pursuant to R.C. § 2323.311(B)(3), upon the filing of a civil action or proceeding and the affidavit of indigency under division (B)(1) of this section, the clerk of the court shall accept the action or proceeding for filing.

**ORDER**

- Upon the request of the Applicant and the Court's review, the Court finds that the Applicant **IS** an indigent litigant and **GRANTS** a waiver of the prepayment of costs or fees in this matter.
- Upon the request of the Applicant and the Court's review, the Court finds that the Applicant is **NOT** an indigent litigant and **DENIES** a waiver of the prepayment of costs or fees in this matter. You have thirty (30) days to make the required advance deposit or security. Should you not make such advance deposit or security within the 30 days, then your case shall be dismissed. If you make such advance deposit or security within the 30 days, then your case will proceed.

**IT IS SO ORDERED**

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Judge / Magistrate

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Date

APPENDIX

**2020 FEDERAL POVERTY LIMIT**

<b>Persons in family/household</b>	<b>100% Poverty</b>	<b>(FPL) 100% Poverty Monthly Gross Income</b>	<b>187.5% Poverty</b>	<b>187.5% Poverty Monthly Gross Income</b>
1	\$12,760	\$1,063.33	\$23,925	\$1,993.75
2	\$17,240	\$1,436.66	\$32,325	\$2,693.75
3	\$21,720	\$1,810.00	\$40,725	\$3,393.75
4	\$26,200	\$2,183.33	\$49,125	\$4,093.75
5	\$30,680	\$2,556.66	\$57,525	\$4,793.75
6	\$35,160	\$2,930.00	\$65,925	\$5,493.75
7	\$39,640	\$3,303.33	\$74,325	\$6,193.75
8	\$44,120	\$3,676.66	\$82,725	\$6,893.75

R.C. § 2323.311(B)

(4) A judge or magistrate of the court shall review the affidavit of indigency as filed pursuant to division (B)(2) of this section and shall approve or deny the applicant's application to qualify as an indigent litigant. The judge or magistrate shall approve the application if the applicant's gross income does not exceed one hundred eighty-seven and five-tenths per cent of the federal poverty guidelines as determined by the United States department of health and human services for the state of Ohio and the applicant's monthly expenses are equal to or in excess of the applicant's liquid assets as specified in division (C)(2) of section 120-1-03 of the Administrative Code, as amended, or a substantially similar provision. If the application is approved, the clerk shall waive the advance deposit or security and the court shall proceed with the civil action or proceeding. If the application is denied, the clerk shall retain the filing of the action or proceeding, and the court shall issue an order granting the applicant whose application is denied thirty days to make the required advance deposit or security, prior to any dismissal or other action on the filing of the civil action or proceeding.

(6) Nothing in this section shall prevent a court from approving or affirming an application to qualify as an indigent litigant for an applicant whose gross income exceeds one hundred eighty-seven and five-tenths per cent of the federal poverty guidelines as determined by the United States department of health and human services for the state of Ohio, or whose liquid assets equal or exceed the applicant's monthly expenses as specified in division (C)(2) of section 120-1-03 of the Administrative Code, as amended, or a substantially similar provision.

<sup>1</sup>Ohio Works First Income Limit: 50% FPL (R.C. 5107.10(D)(1)(a))

<sup>2</sup>SSI Income Limit: cannot have countable income that exceeds the Federal Benefit Rate (FBR). 2019 FBR: \$771 monthly for single disabled individual; \$1157 monthly for disabled couple (20 CFR 416.1100)

<sup>3</sup>Medicaid Income Limit:

Modified Adjusted Gross Income (MAGI):138% FPL (OAC 5160:1-4-01; 42 USC 1396a(a)(10)(A)(i)(VIII) Aged, Blind or Disabled:\$791 for single person; \$1177 for disabled couple

<sup>4</sup>Veterans Pension Benefit Income Limit: [TBD]

<sup>5</sup>Supplemental Nutrition Assistance Program (SNAP) Income Limit: 130% FPL for assistance groups with nondisabled/nonelderly member; 165% FPL for elderly and disabled assistance groups (OAC 5101:4-4-11; Food Assistance Change Transmittal No. 61)