

Sealing Adult Criminal Record(s)

There is a \$50.00 filing fee to file the Sealing Packet

If sealing or expunging a record of not guilty finding, dismissal, no bill, or criminal record of applicant who has been granted a pardon there will be no charge to applicant; see RC 2953.33 generally.

For information on sealing (expunging) your adult criminal record(s), please visit Southeastern Ohio Legal Service's website

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.coshoctoncounty.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.

COSHOCTON COUNTY COURT OF COMMON PLEAS
COSHOCTON COUNTY, OHIO

STATE OF OHIO

Plaintiff,

VS.

Defendant/Applicant.

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CASE NO. _____

JUDGE _____

APPLICATION TO **SEAL**
RECORD OF NON-CONVICTION

I respectfully request the Court to seal my record of arrest, charge(s), no bill by a grand jury, dismissal, or not guilty finding in this case, and all related records pursuant to Ohio Revised Code §2953.33. I certify all requirements for sealing the records have been met.

Printed name of Defendant/Applicant

Signature of Defendant/Applicant

Street address

City, state, and zip code

E-mail address

_____(____)_____
Telephone number

IMPORTANT: You must mail or hand deliver a copy of this Application and any attachments to the Application to Ben Hall County Prosecutor, located at 500 N 3rd Street, Suite A, Coshocton, OH 43812. Please complete the Certificate of Service and sign it.

CERTIFICATE OF SERVICE

I certify that I served a copy of this Application to Seal Record of Non-conviction upon the office of the Coshocton County Prosecutor via the following method:

- ☐ hand delivery
- ☐ ordinary U.S. mail

on this _____ day of _____, 20____

Signature of Defendant/Applicant

Case Number(s) to be sealed: _____

Criminal Record:

Please list all arrests and/or convictions: (If you need additional room please use the back of the paper)

<u>Date</u>	<u>Place</u>	<u>Charge</u>	<u>Result</u>