

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 6 months 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 six months 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



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