

IN THE COURT OF COMMON PLEAS OF SANDUSKY COUNTY, OHIO

_____	:	
Applicant Name	:	<b>CASE #:</b> _____ <b>CR</b> _____
_____	:	
Street Address	:	
_____	:	Judge: _____
City/State/Zip	:	
_____	:	<b>Application to Seal Records of Nonconviction</b>
Phone #	:	<b>Pursuant to R.C. 2953.52</b> (Sealing of Records after not guilty finding, dismissal of proceedings or no bill by grand jury)
_____	:	
Email Address	:	

The Applicant moves the Court to order the sealing of the record of arrest, charge(s), and all related records in this case. The Applicant is not depositing a fee with this application, as R.C. 2953.52 does not require a fee to seal records after a not guilty finding, dismissal of proceedings, or a no bill by a grand jury. The Applicant hereby certifies all requirements for sealing the records are met.

\_\_\_\_\_ The final discharge date from the Pretrial Diversion Program or Intervention In Lieu Program was on \_\_\_\_\_.

\_\_\_\_\_ On \_\_\_\_\_, a no bill was returned in this case and a period of two years or longer period as required by section 2953.61 of the Revised Code has expired from date of the report to the court of that no bill by the foreperson or deputy foreperson of the grand jury.

\_\_\_\_\_ The complaint, indictment, or information in the case was dismissed with prejudice on \_\_\_\_\_.

\_\_\_\_\_ The complaint, indictment, or information in the case was dismissed with/without prejudice on \_\_\_\_\_, and the relevant statute of limitations has expired.

\_\_\_\_\_ There are no criminal proceedings presently pending against the applicant.

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Date

Before me, a person duly authorized to administer an oath, personally appeared the above-named applicant, who acknowledged under penalty of perjury that the statements contained in the forgoing application were true; and in testimony whereof, I hereunto set my hand and affix my official seal this \_\_\_\_\_, day of \_\_\_\_\_, 20\_\_\_\_.

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

**SANDUSKY COUNTY ADULT PROBATION/COMMUNITY CONTROL  
2511 COUNTRYSIDE DRIVE – SUITE E  
FREMONT, OHIO 43420  
419-334-6174  
419-334-6179 (FAX)**

**CONSENT FOR RELEASE OF INFORMATION**

\_\_\_\_\_ is hereby  
(Providing Agency)

granted my permission to give to, exchange with, or obtain records from the:

**SANDUSKY COUNTY ADULT PROBATION  
2511 COUNTRYSIDE DRIVE – SUITE E  
FREMONT, OH 43420**

Such information as may be necessary regarding the treatment of:

Name of Client: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

I, THE UNDERSIGNED, DO HEREBY GIVE MY CONSENT FOR RELEASE OF INFORMATION RELATING TO JUVENILE RECORD, MY PHYSICAL, MENTAL, PSYCHOLOGICAL, VOCATIONAL, EDUCATIONAL AND SOCIAL CONDITION BY INDIVIDUALS, PHYSICIANS, AGENCIES, HOSPITALS, OR OTHER INSTITUTIONS TO THE SANDUSKY COUNTY COMMUNITY CONTROL DEPARTMENT. SUCH INFORMATION IS TO BE USED BY AUTHORIZED PERSONS TO ASSIST IN COMPILING A PRE-SENTENCE INVESTIGATION OR BY AUTHORIZED PERSONS DURING THE COURSE OF ANY PROBATIONARY TERM AS ORDERED BY THE SANDUSKY COUNTY COMMON PLEAS COURT.

I FURTHER AUTHORIZE THE RELEASE OF ANY INFORMATION WHICH MAY PERTAIN TO TREATMENT OF DRUG AND/OR ALCOHOL ABUSE OR FOR PSYCHIATRIC AND/OR MENTAL CONDITIONS, AND/OR HUMAN IMMUNOSUPPRESSIVE VIRUS/ACQUIRED IMMUNE DEFICIENCY SYNDROME TEST RESULTS OR DIAGNOSES. IF APPLICABLE, FEDERAL CONFIDENTIALITY RULES (42CFR PART 2) RESTRICT ANY USE OF THIS INFORMATION TO CRIMINALLY INVESTIGATE OR PROSECUTE ANY CHEMICAL ABUSE PATIENT.

**AS REQUIRED BY SECTION 2:32 (2) PROHIBITION OF REDISCLOSURE RULES:**

This information has been disclosed to you from records whose confidentiality is protected by Federal Law. Federal regulations prohibit you from making any further disclosure of it without the specific written consent of the person to whom it pertains, or as otherwise permitted by such regulations. A general authorization for the release of medical or other information is NOT sufficient for this purpose.

**I RELEASE** \_\_\_\_\_  
(PROVIDING AGENCY)

**AND ITS AGENTS AND EMPLOYEES FROM ANY LIABILITY RESULTING  
FROM THE RELEASE OF THE INFORMATION AS HEREIN AUTHORIZED.  
I HAVE HAD THIS FORM READ AND EXPLAINED TO ME AND I  
UNDERSTAND ITS CONTENTS.**

DATE OF THIS CONSENT: \_\_\_\_\_

CLIENT SIGNATURE: \_\_\_\_\_

WITNESS SIGNATURE: \_\_\_\_\_

**INFORMATION SHEET FOR EXPUNGEMENTS**

**Name** \_\_\_\_\_

**Soc.Sec.#** \_\_\_\_\_

**Date of Birth** \_\_\_\_\_

**Present Address:** \_\_\_\_\_

**Phone #** \_\_\_\_\_

**Place of Birth** \_\_\_\_\_

**Mother's Maiden Name:** \_\_\_\_\_

**Mother's Name:** \_\_\_\_\_

**Father's Name:** \_\_\_\_\_

**Marital Status:** \_\_\_\_\_ **Date of Marriage:** \_\_\_\_\_

**Dependants:** \_\_\_\_\_

**List your immediate family (name, relationship, birthdate, present address, and occupation.)**

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

**Description: Height** \_\_\_\_\_ **Weight** \_\_\_\_\_ **Hair Color** \_\_\_\_\_ **Eye Color** \_\_\_\_\_  
**Scars, Tattoos, Birthmarks** \_\_\_\_\_

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

**If you have changed your place of residence since your last contact with the County Common Pleas Court, please list the cities and states where you have resided and the duration of these residences.**

<b>City</b>	<b>State</b>	<b>How Long</b>

**Occupation** \_\_\_\_\_

**Business Address** \_\_\_\_\_

**Previous Employment:**

<b>Place</b>	<b>Address</b>	<b>How Long</b>

**List your past accomplishments and goals for your future:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Signed:** (X) \_\_\_\_\_

**Date:** (X) \_\_\_\_\_