

**IN THE COMMON PLEAS COURT OF SHELBY COUNTY, OHIO
JUVENILE DIVISION**

**Sealing Application
(ORC 2151.356)**

Please print

Name: _____

Date of Birth ___ / ___ / ___ Current Age _____ Social Security Number ___ - ___ - _____

Address: _____

City _____ State _____ Zip _____ Phone (____) - _____ - _____

Case number requested to be sealed:
(The Juvenile Court Clerk will help you if you do not know the case numbers)

The undersigned applicant hereby request that the applicant's record be sealed.

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.

The applicant also authorizes the release of any school and/or police report that may aid the court in making a finding in this matter.

Applicant's signature _____ Date _____