

EXPUNGEMENT/SEALING OF RECORDS
ARREST ONLY

GENERAL INFORMATION

DO NOT USE THIS PACKET IF YOU WERE CONVICTED (OR PLEAD GUILTY) TO THE CRIME FOR WHICH YOU WANT THE RECORD SEALED.

WHAT IS SEALING OF RECORDS?

Expungement is also known as Sealing of Records. Sealing of records is a way to have your criminal record cleared and your court file sealed. It is just as if you never were arrested for a crime.

Sealing your record can be very helpful. For example, many applications for a job or an apartment ask if you have a criminal record. If your record has been sealed, you can truthfully answer "No" to this question.

WHO CAN HAVE THEIR ARREST SEALED?

In order to qualify to have your record sealed, you must meet the following conditions: You must have been either found not guilty, named in a dismissed complaint or indictment, or the Grand Jury returned a "no bill and a period of 2 years or more has passed," and you cannot have current criminal charges pending against you.

NOTE: YOU MUST FILE YOUR APPLICATION IN THE COUNTY IN WHICH YOU WERE CHARGED, OR TRIED AND FOUND NOT GUILTY.

FILING FEE

The Clerk can charge a filing fee for your Application for Sealing of Record. If you cannot afford the fee, fill out and file the enclosed Poverty Affidavit, Judgment Entry, and Financial Disclosure/Affidavit of Indigency.

THE HEARING

After you have filed your Application for Sealing of Record, the Court will set your case for a hearing. At that hearing you will have the opportunity to tell the judge why it is important for you to have your record sealed. The prosecutor can object to your record being sealed. The prosecutor also has a chance to tell the Judge whether he or she thinks your record should be sealed, and why or why not.

Therefore, go to the hearing dressed neatly and cleanly and be respectful and courteous to the Judge and prosecutor. Give simple, honest reasons why your record should be cleared.

To make its decision, the Court will consider any objections of the prosecutor. The Court will "weigh the interests of the applicant in having the records sealed against the legitimate needs, if any, of the government to maintain the records." Sometimes the Judge gives his or her decision in Court. However, it is possible that he or she will give their decision later, after having an opportunity to think about the case. You will be sent a copy of the decision.

OTHER IMPORTANT INFORMATION

- Although your record may be sealed, law enforcement agencies, prosecutors or other authorized agencies can look at your sealed records.

INSTRUCTIONS

Attached are the forms you need to apply to the Court to have a criminal arrest record sealed. These instructions are intended to be a general guide to help you fill out the forms, file them with the Court, and get your request properly before the Judge. These instructions are not intended to be a legal analysis of your request or whether the Court will grant your request. They are merely to assist you in preparing your application.

A. FILLING OUT THE FORMS - TYPEWRITTEN OR IN INK

1. Get a copy of the charges you wish to have sealed. The Clerk of the Court in which you were charged should be able to provide you one for a small fee (a dollar or two). Take a look at the Court's arrest record. On that paperwork will be some of the information you will need to fill in the blanks on this application.
2. **Application to Seal a Criminal Record Pursuant to ORC §2953.51**
- Fill in the name of the Court (i.e. Municipal, County, Common Pleas), and the county name. Fill in the rest of the caption from the original case. Fill in Charge(s), Dismissed or not Guilty. State the reasons for wanting your record sealed. Sign your name and fill in your address, your Social Security number, and your date of birth.

Do Not put anything in the blanks under **Notice of Hearing**.

You must mail a copy of the application to the prosecuting attorney. Under **Certificate of Service**, fill in the date when you mailed the copy to the prosecutor's office and sign.

3. **Judgment Entries** - Fill in the captions exactly the way you did in the application to seal the criminal record. If you do not know what goes in one of the blanks, leave it blank and ask the Judge about it at the hearing.
4. **Financial Disclosure/Affidavit of Indigency** - This is a required form if you want the Court to waive pre-payment of court costs. Detailed instructions attached.
5. Remove the instructions sheets and make three copies of each page of each form.

YOU SHOULD GO TO ALL HEARINGS AND COMPLY WITH ALL COURT ORDERS. IF YOU HAVE ANY FURTHER QUESTIONS, YOU SHOULD CONTACT A PRIVATE ATTORNEY.

IN THE _____ COURT OF _____ COUNTY, OHIO

_____,
Plaintiff,

Case No. _____

Judge _____

vs.

_____,
Defendant.

**APPLICATION TO SEAL A CRIMINAL
RECORD PURSUANT TO ORC §2953.51**

Defendant moves for an order sealing the Defendant's official record pursuant to Ohio Revised Code §2953.51.

CHARGE(S): _____
DISMISSED OR NOT GUILTY: _____

Defendant's official record in this matter should be sealed because _____

Respectfully submitted,

DEFENDANT
ADDRESS: _____

SOCIAL SECURITY NUMBER: ____-____-____

DATE OF BIRTH: _____

NOTICE OF HEARING

IT IS HEREBY ORDERED that Defendant's Application to Seal Record will be heard
the _____ day of _____, 20____, at _____ .M.

CERTIFICATE OF SERVICE

I hereby certify that a true copy of the foregoing document was served upon the
Prosecuting Attorney, by regular U.S. mail on _____.

DEFENDANT

IN THE _____ COURT OF _____ COUNTY, OHIO

_____,

Case No. _____

Plaintiff,

Judge _____

vs.

_____,

Defendant.

JUDGMENT ENTRY

This matter came on before the Court for hearing on the application for sealing of the Applicant's official record. Upon consideration thereof, the evidence and arguments, the Court finds that the Defendant's Application complies with 2953.52(2)(a), 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 sealing of Applicant's official record 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 sealed, that the proceedings in said case shall be deemed not to have occurred, and that the Applicant's record shall be sealed, subject to the exceptions and provisions set forth in Revised Code Chapter 2953, as now enacted and hereinafter amended.

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 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 Clerk of Courts on the following by certified mail, return receipt requested:

1. The Ohio State Highway Patrol
2. The Prosecuting Attorney of _____ County, Ohio
3. The Adult Probation Department of this Court
4. The Bureau of Criminal Investigation in the office of the Attorney General of the State of Ohio
5. Records Department of the _____ Police Department

6. Records Department of the _____ County Sheriff's Department
7. FBI, Washington, DC
8. Common Pleas Court of _____ County, Ohio
9. Municipal Court of _____, Ohio
10. _____ County Court.

IT IS FURTHER ORDERED that none of the foregoing persons shall inspect or use said records or not permit the inspection or use of said records except as provided in Revised Code Chapter 2953 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 date:

Applicant's full name: _____
 Maiden name: _____
 Address: _____
 Sex: _____
 Race: _____
 Date of Birth: _____
 Court Case No.: _____
 Charge: _____
 Convicted of: _____
 Ohio BCI Number: _____
 FBI Number: _____
 Social Security Number: _____

By Court ORDER, Defendant requests that all fingerprint cards and other identifying indexes be destroyed.

 JUDGE

IN THE _____ COURT OF _____ COUNTY, OHIO

_____,

Plaintiff,

vs.

_____,

Defendant.

Case No. _____

Judge _____

JUDGMENT ENTRY

Upon the Defendant's Affidavit, and for good cause shown, it is hereby ORDERED that the attached Application for Sealing of Records be accepted without prepayment of costs.

JUDGE

**Instructions for Completing
Financial Disclosure/Affidavit of Indigency
Form OPD-206R**

The following instructions are for the *Financial Disclosure/Affidavit of Indigency* form (OPD-206R). The form is divided into ten sections, I-X. For the purpose of these instructions, spaces requiring an entry have been numbered.

TO BE COMPLETED BY THE APPLICANT

I. PERSONAL INFORMATION

- (1) Enter the name of the applicant.
- (2) Enter the Social Security number for which representation is being provided.
- (3) Enter the date of birth of the applicant. Use the format Month/Day/Year.
- (4) Enter the street address where the applicant receives mail. Include P.O. Box number, street number, and apartment number where applicable, as well as the city, state, and zip code.
- (5) Enter the home telephone number of the applicant. If there is no home telephone, write "none" in this space.
- (6) Enter the residential address of the applicant if it is different from the mailing address. If the mailing address and the residential address are the same, leave this space blank.
- (7) Enter the number of a telephone where the applicant may receive messages within 48 hours after the caller leaves them. This is especially important if there is no home telephone. There must be a way for the courts and the appointed attorney(s) to contact the applicant by telephone if necessary.

II. OTHER PERSONS LIVING IN HOUSEHOLD

- (8) Enter the names of other persons living in the applicant's household. These other persons may include children and other dependents as well as other financially contributing members of the household.
- (9) Enter the ages of the other persons living in the applicant's household.
- (10) Enter the relationship to the applicant of the other persons living in the household. For example, to indicate the relationship of a female child of the applicant, this space should read "daughter," not "father" or "mother."

If there are more than four other persons living in the applicant's household, attach additional sheet that provides the same information for those not listed on the form.

III. MONTHLY INCOME / EMPLOYMENT

For each type of income, the applicant must enter their own earnings in the “Self” column, the spouse’s earnings in the “Spouse” column, and the total earnings of other financially contributing persons living in the household in the “Household Members” column. In the “Total” column, enter the total income from each type by adding the amounts across each row.

List monthly income figures for the following:

- (11) Earnings or wages before taxes.
- (12) Unemployment compensation received.
- (13) Workers’ compensation received.
- (14) Pension benefits received.
- (15) Social security benefits received.
- (16) Child support received from a parent not living in the household. Do not include ADC in the calculation of this amount.
- (17) Works First/TANF.
- (18) Disability pay.
- (19) Any other income source. **Note: Food stamps can no longer be considered as income. 51 USC 2107 (b).**
- (20) Any other income source.
- (21) Enter the total income for the household by adding together the amounts in the “Total” column.
- (22) Enter the name of the applicant’s employer and the name(s) of the employer(s) of any other employed household member(s).
- (23) Enter the address and phone number of the employer(s).

IV. ALLOWABLE MONTHLY EXPENSES**List monthly household expenses for the following:**

- (24) Child support actually paid for children not residing in the applicant’s household.
- (25) Child care. This expense may not be claimed if any adult member of the applicant’s household is unemployed.

- (26) Transportation to and from work. This may include bus fare or gasoline and parking expenses, but not auto insurance or repairs.
- (27) All types of insurance. This should include medical, dental, life, homeowners insurance, renters insurance, automobile insurance, etc.
- (28) Health and dental care that is over and above the amount paid for medical and dental insurance. This may include prescription medications, co-payments, the payment of deductibles, etc.
- (29) Medical expenses and other expenses incurred in caring for sick or injured family members.
- (30) Enter the total of monthly expenses by adding together the entries in the "Amount" column.

V. TOTAL INCOME

- (31) Enter the amount shown at "Subtotal A," the space identified in these instructions as number (20).
- (32) Enter the amount shown at "Subtotal B," the space identified in these instructions as number (30).
- (33) Enter the total monthly income at "Grand Total C" by subtracting the amount in space (32) from the amount in space (31).

VI. ASSET INFORMATION

For each "Type of Asset" listed in this section, the applicant must describe the item(s) in the center column including length of ownership and the make, model, and year of the asset whenever applicable, and indicate the value of that item in the "Estimated Value" column. The following instructions clarify the types of assets about which information is requested.

- (34) "Real Estate/Home" includes any and all property and buildings owned or mortgaged by the applicant. The description of the property or buildings should include the length of ownership. The estimated current market value of the property or buildings should be entered in the "Estimated Value" column.
- (35) List the total of all "Stocks/Bonds/CD's" owned by the applicant.
- (36) "Automobiles" includes cars only.
- (37) "Trucks/Boats/Motorcycles" includes any type of mechanically powered vehicle other than cars used for transportation.
- (38) Other Valuable Property may include precious metals and/or stones, works of art, valuable collections, electronic equipment, farm equipment, etc. This category does not include home furnishings and clothing.

- (39) "Cash on Hand" includes any U.S. currency immediately available to the applicant.
- (40) "Money owed to applicant" includes tax refunds, anticipated dividends, or any accounts payable expected from an individual or an organization for which agreed upon services or goods were provided by the applicant for an agreed upon price.
- (41) "Other" refers to any other type of asset owned by the applicant to which a dollar value can be attached.
- (42) Enter the name of the bank at which the checking account is held, the account number, and the current balance of the checking account.
- (43) Enter the name of the bank at which the savings account is held, the account number, and the current balance of the savings account.
- (44) Enter the name of the credit union at which an account is held, the account number, and the current balance of the account.
- (45) Enter the "Grand Total" of the applicant's assets by adding together the amounts entered in the "Estimated Value" column.

VII. MONTHLY LIABILITIES ' OTHER EXPENSES

The applicant must enter the monthly amount of each "Type of Liability" listed in this section. The following instructions clarify the liabilities about which information is requested.

- (46) "Rent/Mortgage" refers to any payment made for living quarters. The total amount paid must be entered in this space.
- (47) "Food" refers to the amount spent on food by the applicant's household. The dollar value of food purchased with food stamps should be included in the amount entered.
- (48) "Electric" refers to the cost of electricity purchased from a regulated electricity provider. If the cost of electricity is included in the monthly rent, no dollar amount should be entered here.
- (49) "Gas" refers to the cost of natural gas or L.P. gas purchased from a regulated natural gas or L.P. gas provider. If this cost is included in the monthly rent, no dollar amount should be entered here.
- (50) "Fuel" refers to the cost of gasoline purchased for purposes other than transportation to and from work, plus the amount of other fuels purchased for other necessary reasons such as heating and the operation of farm machinery.
- (51) "Telephone" refers to the cost of all local and long distance telephone calls.
- (52) "Cable" refers to the cost of cable television service.

- (53) "Water/Sewer/Trash" refers to the cost of each of these services. If the applicant is not billed directly for one or more of these services, no dollar amount should be entered here.
- (54) "Credit Cards" refers to the total of the minimum monthly payments currently owed on all major credit cards, department store cards, or independent credit cards held by the applicant.
- (55) "Loans" refers to the total monthly payments on all loans including student loans, automobile loans, and loans for other purposes. Home mortgages are not to be included in this category.
- (56) "Taxes Owed" refers to the monthly amount of federal, state, and local taxes owed by the applicant. These include current taxes withheld by the employer as well as past tax debt that is currently being repaid.
- (57) "Other" refers to any other regular monthly expenditure (e.g. education for children or self, rent-to-own items, etc.).
- (58) Enter the "Grand Total E" by adding together all the liabilities and other expenses in the section.

VIII. GRAND TOTALS

- (59) Enter the "Total Monthly Income." This is the same number found at "Grand Total C," or number (33) of these instructions.
- (60) Enter the "Total Assets." This is the same number found at "Grand Total D," or number (45) of these instructions.
- (61) Enter the "Total Monthly Liabilities/Other Expenses." This is the same amount found at "Grand Total E," or number (61) of these instructions.

IX. AFFIDAVIT OF INDIGENCY

- (62) Print or type the name of the applicant.
- (63) Enter the signature of the applicant and the date of signature as witnessed by a notary public.

TO BE COMPLETED BY A NOTARY PUBLIC

- (64-65) Enter the date the signing of the affidavit was witnessed.
- (66) Enter the county in which the signing of the affidavit was witnessed.
- (67) Enter the state in which the signing of the affidavit was witnessed.

(68) The notary public must sign and stamp the form.

TO BE COMPLETED BY THE JUDGE

X. JUDGE CERTIFICATION

This section of the form should only be completed if the applicant is unable to fill out the financial disclosure form and/or sign the affidavit of indigency. In such a case, the judge may indicate by his or her signature that the applicant is indeed indigent.

(69) List the reason the client is unable to sign the form.

(70) The judge must sign any form that cannot be properly completed by the applicant.

FINANCIAL DISCLOSURE/AFFIDAVIT OF INDIGENCY

I. PERSONAL INFORMATION

Name (1)		SS# (2)		D.O.B. (3)	
Mailing Address (4)		City (4)	State (4)	Zip (4)	Phone (5)
Residence (if different from above) (6)			Message Phone (within 48 hours) (7)		

II. OTHER PERSONS LIVING IN HOUSEHOLD

Name (8)	Age (9)	Relationship (10)	Name (3)	Age	Relationship
Name	Age	Relationship	Name	Age	Relationship

III. MONTHLY INCOME/EMPLOYMENT INFORMATION

Type of Income	Self	Spouse	Household Members	Total
Employment (Gross)	(11)			
Unemployment	(12)			
Worker's Comp.	(13)			
Pension	(14)			
Social Security	(15)			
Child Support	(16)			
Works First/TANF	(17)			
Disability	(18)			
Other	(19)			
Other	(20)			
Employer's Name (for all household members)(22)	SUBTOTAL A		(21)	
Address				Phone

IV. ALLOWABLE MONTHLY EXPENSES

V. TOTAL INCOME

Type of Expense	Amount
Child Support Paid Out	(24)
Child Care (if working only)	(25)
Transportation for Work	(26)
Insurance	(27)
Medical/Dental	(28)
Medical & Associated Costs of Caring for Infirm Family Members	(29)
SUBTOTAL B	(30)

Total Monthly Income - Total Allowable Expenses = Total Income

SUBTOTAL A	(31)
- SUBTOTAL B	(32)
GRAND TOTAL C	(33)

VI. ASSET INFORMATION

Type of Asset	Describe/Length of Ownership/Make, Model, Year (Where applicable)	Estimated Value
Real Estate/Home	Price:\$ Date Purchased: (34) Equity:	
Stocks/Bonds/CD's	(35)	
Automobiles	(36)	
Trucks/Boats/Motorcycles	(37)	
Other Valuable Property	(38)	
Cash on Hand	(39)	
Money Owed to Applicant	(40)	
Other	(41)	
Checking Acct. (Bank/Acct. #)	(42)	
Savings Acct. (Bank/Acct. #)	(43)	
Credit Union (Name/Acct.#)	(44)	

GRAND TOTAL D	(45)
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S A M E

VII. MONTHLY LIABILITIES/OTHER EXPENSES		VII. GRAND TOTALS	
Type of Liability	Amount		
Rent/Mortgage	(46)	Total Monthly Income	Grand Total C
Food	(47)		(59)
Electric	(48)		
Gas	(49)		
Fuel	(50)		Grand Total D
Telephone	(51)	Total Assets	(60)
Cable	(52)		
Water/Sewer/Trash	(53)		
Credit Cards	(54)		
Loans	(55)		Grand Total E
Taxes Owed	(56)	Total Monthly Liabilities and Other Expenses	(61)
Other	(57)		
GRAND TOTAL E	(58)		

IX. AFFIDAVIT OF INDIGENCY

I, _____ (62) _____ being duly sworn, say:

1. I am financially unable to retain private counsel without substantial hardship to me or my family.
2. I understand that I must inform my attorney if my financial situation should change before the disposition of my case.
3. I understand that if it is determined by the county, or by the Court, that legal representation was provided for me to which I was not entitled, I may be required to reimburse the county for the costs of representation provided. Any action filed by the county to collect legal fees hereunder must be brought within two years from the last date legal representation was provided.
4. I understand that I am subject to criminal charges for providing false financial information in connection with the above application for legal representation pursuant to Ohio Revised Code Section 120.05 and 2921.13.
5. I hereby certify that the information I have provided on this financial disclosure form is true to the best of my knowledge.

_____ (63) _____
 Client Signature Date

Notary Public:

Subscribed and duly sworn before me according to law, by the above named applicant this ___(64)___ day of ___(65)___, _____, County of ___(66)___ and State of ___(67)___.

_____ (68) _____
 Notary Signature

X. JUDGE/ATTORNEY CERTIFICATION

I hereby certify that the above-noted client is unable to fill out and/or sign this financial disclosure/affidavit for the following reason: _____ (69) **S A M**

I have determined that the applicant meets the criteria for receiving court appointed counsel.

_____ (70) _____
 Judge/Attorney Signature Date

FINANCIAL DISCLOSURE/AFFIDAVIT OF INDIGENCY

I. PERSONAL INFORMATION

Name		SS#		D.O.B.	
Mailing Address			City	State	Zip
Residence (if different from above)			Phone ()		
			Message Phone (within 48 hours) ()		

II. OTHER PERSONS LIVING IN HOUSEHOLD

Name 1)	Age	Relationship	Name 3)	Age	Relationship
Name 2)	Age	Relationship	Name 4)	Age	Relationship

III. MONTHLY INCOME/EMPLOYMENT INFORMATION

Type of Income	Self	Spouse	Household Members	Total
Employment (Gross)				
Unemployment				
Worker's Comp.				
Pension				
Social Security				
Child Support				
Works First/TANF				
Disability				
Other				
Other				
Employer's Name (for all household members)			SUBTOTAL A	
Address				Phone ()

IV. ALLOWABLE MONTHLY EXPENSES

V. TOTAL INCOME

Type of Expense	Amount
Child Support Paid Out	
Child Care (if working only)	
Transportation for Work	
Insurance	
Medical/Dental	
Medical & Associated Costs of Caring for Infirm Family Members	
SUBTOTAL B	

Total Monthly Income - Total Allowable Expenses = Total Income

SUBTOTAL A	
- SUBTOTAL B	
GRAND TOTAL C	

VI. ASSET INFORMATION

Type of Asset	Describe/Length of Ownership/Make, Model, Year (Where applicable)	Estimated Value
Real Estate/Home	Price:\$ Date Purchased: Equity:	
Stocks/Bonds/CD's		
Automobiles		
Trucks/Boats/Motorcycles		
Other Valuable Property		
Cash on Hand		
Money Owed to Applicant		
Other		
Checking Acct. (Bank/Acct. #)		
Savings Acct. (Bank/Acct. #)		
Credit Union (Name/Acct.#)		
GRAND TOTAL D		

VII. MONTHLY LIABILITIES/OTHER EXPENSES		VII. GRAND TOTALS	
Type of Liability	Amount		
Rent/Mortgage		Total Monthly Income	Grand Total C
Food			
Electric			
Gas			
Fuel			
Telephone		Total Assets	Grand Total D
Cable			
Water/Sewer/Trash			
Credit Cards			
Loans			
Taxes Owed		Total Monthly Liabilities and Other Expenses	Grand Total E
Other			
GRAND TOTAL E			

IX. AFFIDAVIT OF INDIGENCY

I, _____ being duly sworn, say:

1. I am financially unable to retain private counsel without substantial hardship to me or my family.
2. I understand that I must inform my attorney if my financial situation should change before the disposition of my case.
3. I understand that if it is determined by the county, or by the Court, that legal representation was provided for me to which I was not entitled, I may be required to reimburse the county for the costs of representation provided. Any action filed by the county to collect legal fees hereunder must be brought within two years from the last date legal representation was provided.
4. I understand that I am subject to criminal charges for providing false financial information in connection with the above application for legal representation pursuant to Ohio Revised Code Sections 120.05 and 2921.13.
5. I hereby certify that the information I have provided on this financial disclosure form is true to the best of my knowledge.

Client Signature

Date

Notary Public:

Subscribed and duly sworn before me according to law, by the above named applicant this _____ day of _____, _____, County of _____ and State of _____.

Notary Signature

X. JUDGE/ATTORNEY CERTIFICATION

I hereby certify that the above-noted client is unable to fill out and/or sign this financial disclosure/affidavit for the following reason: _____.

I have determined that the applicant meets the criteria for receiving court appointed counsel.

Judge/Attorney Signature

Date