

IN THE CITY OF HILLIARD MAYOR'S COURT

FRANKLIN COUNTY, OHIO

Applicant Name

Case No(s) _____

Magistrate: _____

Application to Seal Record of Conviction
Pursuant to R.C. 2953.32

The Applicant moves the Court to order the sealing of the record of conviction in this case and all related records pursuant to R.C. 2953.32.

The Applicant hereby certifies all requirements for sealing the record of conviction are met.

Name of Applicant

Name of Attorney (if applicable)

Signature of Applicant (if pro se)

Signature of Attorney (if applicable)

Street Address of Applicant

Attorney Registration No. (if applicable)

City, State, and Zip Code of Applicant

Street Address of Attorney (if applicable)

Driver's License No. of Applicant (if applicable)

City, State, and Zip Code of Attorney (if applicable)

Telephone of Applicant (if pro se)

Email Address of Attorney (if applicable)

Telephone of Attorney (if applicable)

(TO BE COMPLETED BY THE COURT)

SERVICE

A copy of this application was served by this Court on the Office of the Prosecutor for the City of Hilliard, this _____ day of _____, 20____.