

**CLERMONT COUNTY MUNICIPAL COURT
CLERMONT COUNTY, OHIO**

APPLICATION FOR EXPUNGEMENT OF RECORD
(Pursuant to R.C. 2953.32)

Full Name:	Alias/Maiden Name:	
Address:	Phone Number:	
City:	State:	ZIP:
Date of Birth:	SSN (Last Four):	

Case No. _____ Charge(s): _____

Date of Conviction: _____

Case No. _____ Charge(s): _____

Date of Conviction: _____

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Date of Conviction: _____

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Date of Conviction: _____

I hereby acknowledge and affirm that the above information is true and accurate to the best of my knowledge. I hereby represent that no criminal charges are pending against me. I hereby represent that the appropriate time period, pursuant to R.C. 2953.32(B), has passed since the final discharge of my case

Applicant or Attorney Signature

Date

Defendant's Attorney

Supreme Court #

Defendant's Attorney's Address

Telephone Number

SEALING OF RECORD APPLICATION INFORMATION

1. A \$100.00 non-refundable filing fee is to be paid to the Clerk of Court Office at the time of application for the sealing of record of a conviction. No filing fee is required for Dismissals.
2. A court hearing is mandatory for all applications to seal or expunge a record. The date and time will be sent by mail by the assignment office.