

FRANKLIN COUNTY MUNICIPAL COURT CRIMINAL RECORD SEALING APPLICATION

File with the Clerk of Court's Record Sealing Section
Located on the 2nd floor of 375 S. High St., Columbus, Ohio 43215
Phone: 614-645-1706

_____ CRX _____ (Clerk's Office Use Only)

Judge _____ (Clerk's Office Use Only)

APPLICATION FOR SEALING OF RECORDS – R.C. 2953.32/2953.52

In re: Application for the Sealing of Records of:

Full Name:	Alias/Maiden Name:	
Address:	Phone Number:	
City:	State:	Zip Code:
Date of Birth:	SSN:	
Email Address:		

Case Number	Result	Date of Result	Charge(s)
	<input type="checkbox"/> Conviction		
	<input type="checkbox"/> Not Guilty / Dismissal		
	<input type="checkbox"/> Bail forfeiture		
	<input type="checkbox"/> Conviction		
	<input type="checkbox"/> Not Guilty / Dismissal		
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Use additional boxes on page three, if necessary.

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