

VERMILION MUNICIPAL COURT

687 Decatur Street
Vermilion, Ohio 44090
440 204-2430
Facsimile 440 204-2431

APPLICATION FOR SEALING CONVICTION

R.C. 2953.32 TO R.C. 2953.36

APPLICANT

NAME: _____ DATE OF BIRTH: _____
ADDRESS: _____ SSN: XXX-XX-_____
CITY/STATE/ZIP: _____ TELEPHONE NUMBER: _____

The Applicant, _____, individually and/or through his/her
Attorney, requests to seal conviction for case number _____
offense _____

The Applicant represents the following:

1. Applicant is a first offender as defined in R.C. 2953.31 (A).
2. One year has expired since Applicant's final discharge.
3. No criminal or traffic proceedings are now pending against the Applicant.

It is understood that if this Application is granted the ORDER will be as follows:

1. The official records of the Vermilion Municipal Court will be sealed.
2. The Applicant will be responsible to notify any other public office or agency, including law enforcement departments that may have a record of the conviction. Certified copies of the **ORDER** may be obtained from the Clerk. Expense of certified copies is to be defrayed by Applicant.
3. Applicant understands, the Vermilion City Prosecutor and the Police Agency making the arrest for the offense described in the first paragraph here of shall be notified of this application within three (3) days of filing this application.

AFFIDAVIT

Date: _____ Applicant: _____

Sworn to before me this _____ day of _____, 20 _____.

Deputy Clerk/Notary Public

A copy of this application has been delivered on the above date to the Prosecutor's Office of The City of Vermilion.

Clerk of the Vermilion Municipal Court

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AFFIDAVIT FOR SEALING RECORD

I, _____, swear and/or affirm that the statements made on my Application for Sealing Conviction and/or Application for Sealing Dismissal, and to the City of Vermilion Prosecutor Department, during the investigation of this request, are true and complete.

Further, I swear and/or affirm that I do not have a criminal case, including traffic matters, pending at this time in any court in this State or elsewhere.

I understand that an incomplete or false statement may cause the dismissal of my sealing record proceeding, or, if sealed the setting aside of that Order.

Signature of Applicant

Sworn to before me this _____ day of _____, 20 _____.

Deputy Clerk/Notary Public