HAMILTON COUNTY JUVENILE COURT

EXPUNGEMENT APPLICATION (O.R.C. 2151.358)

Last (Applicant should list name when the juvenil	First e record was obtained and current last nam	ne if different now.)	M.I.
Date of Birth	Current Age		
Address			
City		Phone Number ()
Attorney Name			
Address	City	State	Zip
Phone Number ()	Email		
^^^^	~~~~~		^^^^^
	o be expunged:		

(The Juvenile Court clerk will help you if you do not know the case numbers)

The undersigned applicant hereby requests that the applicant's record be expunged.

The applicant further states that the applicant is not currently under the jurisdiction of the Court in relation to a delinquency complaint and that at least five years have passed since the termination of any order made by the Court in relation to the case, or any unconditional discharge from any institution or facility if the applicant was committed to an institution or facility in relation to the case.

The applicant also authorizes the release of any school and/or police report that may aid the Court in making a finding in this matter.

Applicant's Signature	D	ate

The Hamilton County Public Defender may be able to assist you in this process. Call 513-946-8282 for more information.

Application to expunge record ORC 2151.358