

## **Guidelines for Filing an Application to Sealing/Expunging Record**

1. Complete the Application for Sealing/Expunging Record. Applicant will need to indicate if the request is for Sealing or for an Expungement. Information regarding your case(s) can be found on our website at ***municourt.co.union.oh.us***. If you cannot find your case information, contact the clerk's office.
2. **The filing fee is \$100.00.** Cash, credit/debit cards, checks or money orders are accepted. Check and money orders can be made payable to the Marysville Municipal Court.
3. Once the Application has been filed with the Court, the Clerk will forward the Application to the prosecutor for review and a ***mandatory*** hearing will be set. The hearing will be scheduled not less than 45 and not more than 90 days from the date of filing as required by Ohio Revised Code 2953.32(C). A hearing notice will be forwarded to you, along with your file stamped copy of the Application. **Failing to appear for the hearing could result in your Application being denied and you could be required to refile the Application.**
4. If your Application for Sealing/Expunging Record is granted, the court will transmit the order to the appropriate local/state agencies, so that your records are removed from their systems.

**COURT CLERKS ARE NOT PERMITTED TO PROVIDE LEGAL ADVICE AND CANNOT ASSIST YOU IN COMPLETING THE APPLICATION. IF YOU HAVE ANY QUESTIONS, YOU SHOULD CONSULT AN ATTORNEY OR REVIEW THE OHIO REVISED CODES UNDER §2953.**

**IN THE MARYSVILLE MUNICIPAL COURT, UNION COUNTY, OHIO**

\_\_\_\_\_  
Applicant's Name

\_\_\_\_\_  
Applicant's Street Address

\_\_\_\_\_  
Applicant's City, State, Zip

\_\_\_\_\_  
Applicant's Phone Number

\_\_\_\_\_  
SS#

\_\_\_\_\_  
DOB

\_\_\_\_\_  
Applicant's Maiden Name (If applicable)

CASE NO (S): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**APPLICATION FOR SEALING /  
EXPUNGING RECORD(S)  
PURSUANT TO  
RC 2953.31 / RC 2953.32 / RC 2953.61**

**(CHECK ONLY ONE BOX)**  
 SEALING  
 EXPUNGEMENT

Applicant requests that this Court seal or expunge Applicant's record because of the facts and reasons stated below:

**Offense #1**

Case No.: \_\_\_\_\_

Offense Description: \_\_\_\_\_

ORC or City Code: \_\_\_\_\_

Disposition? \_\_\_\_\_

Disposition Date: \_\_\_\_\_

Probation Ending Date: \_\_\_\_\_

**Offense #2**

Case No.: \_\_\_\_\_

Offense Description: \_\_\_\_\_

ORC or City Code: \_\_\_\_\_

Disposition? \_\_\_\_\_

Disposition Date: \_\_\_\_\_

Probation Ending Date: \_\_\_\_\_

**Offense #3**

Case No.: \_\_\_\_\_

Offense Description: \_\_\_\_\_

ORC or City Code: \_\_\_\_\_

Disposition? \_\_\_\_\_

Disposition Date: \_\_\_\_\_

Probation Ending Date: \_\_\_\_\_

(If more than 3 offenses, use an additional sheet)

Any previous convictions: Yes  No

If Yes, list the charges, the convicting court(s), and the final disposition on each case:

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Any convictions since the conviction(s) noted above?

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Any pending case(s)? Yes  No

If Yes, list the charges and the court(s) in which the cases are pending:

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State why you want this conviction sealed / expunged:

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Under the penalties or perjury and falsification I, \_\_\_\_\_  
(Applicant), state that the above foregoing information is true to the best of my  
knowledge and belief.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Applicant's Printed Name

\_\_\_\_\_  
Date