

APPENDIX H (LOCAL RULE 6.07)

IN THE COMMON PLEAS COURT

BUTLER COUNTY, OHIO

Applicant Name : Case No(s). _____
: _____
:
:
:
:
: Judge: _____
:
: **Application to Seal Record of Conviction**
: **Pursuant to R.C. 2953.32**

The Applicant moves the Court to order the sealing of the record of conviction in this case and all related records pursuant to R.C. 2953.32.

The Applicant hereby certifies all requirements for sealing the record of conviction are met.

_____ Name of Applicant	_____ Name of Attorney (if applicable)
_____ Signature of Applicant (if pro se)	_____ Signature of Attorney (if applicable)
_____ Street Address of Applicant	_____ Attorney Registration No. (if applicable)
_____ City, State, and Zip Code of Applicant	_____ Street Address of Attorney (if applicable)
_____ Driver's License No. of Applicant (if applicable)	_____ City, State, and Zip of Attorney (if applicable)
_____ Telephone of Applicant (if pro se)	_____ Email Address of Attorney (if applicable)
	_____ Telephone of Attorney (if applicable)

(TO BE COMPLETED BY THE COURT)

SERVICE

A copy of this application was served by this Court on the Office of the Prosecutor for _____, this _____ day of _____, 20____.

**IN THE COMMON PLEAS COURT
BUTLER COUNTY, OHIO**

Applicant Name : Case No(s). _____
: _____
: _____
: _____
: Judge: _____
: _____
: **Application to Seal Records of Nonconviction**
: **Pursuant to R.C. 2953.52**

The Applicant moves the Court to order the sealing of the record of arrest, charge(s), and _____ in this case and all related records. The Applicant is not depositing a fee with this application, as R.C. 2953.52 does not require a fee to seal records after a not guilty finding, dismissal of proceedings, or a no bill by a grand jury. The Applicant hereby certifies all requirements for sealing the records are met.

_____ Name of Applicant	_____ Name of Attorney (if applicable)
_____ Signature of Applicant (if pro se)	_____ Signature of Attorney (if applicable)
_____ Street Address of Applicant	_____ Attorney Registration No. (if applicable)
_____ City, State, and Zip Code of Applicant	_____ Street Address of Attorney (if applicable)
_____ Driver's License No. of Applicant (if applicable)	_____ City, State, and Zip of Attorney (if applicable)
_____ Telephone of Applicant (if pro se)	_____ Email Address of Attorney (if applicable)
	_____ Telephone of Attorney (if applicable)

(TO BE COMPLETED BY THE COURT)

SERVICE

A copy of this application was served by this Court on the Office of the Prosecutor for _____, this _____ day of _____, 20____.

**IN THE COMMON PLEAS COURT
BUTLER COUNTY, OHIO**

Applicant Name	:	Case No(s). _____
	:	_____
	:	
	:	Judge: _____
	:	
	:	
	:	Application to Expunge Record of Conviction
	:	for Improperly Handling Firearm in Motor
	:	Vehicle Pursuant to R.C. 2953.37

The Applicant moves the Court to order the expungement of the record of conviction for improperly handling a firearm in a motor vehicle pursuant to R.C. 2953.37. In support of this application, the Applicant provides the following information:

1. Please complete the following (you may attach additional pages if necessary):

Offense	Date of the Conviction or Guilty Plea	Court

2. Please attach evidence the offense was a violation of R.C. 2923.16 (B), (C), or (E) and the Applicant is authorized by R.C. 2923.16(H)(2)(a) to file this application.

3. Please indicate any other information you would like the Court to know in reviewing your application (you may attach additional pages if necessary).

The Applicant hereby certifies all requirements for expunging the records are met.

Name of Applicant

Name of Attorney (if applicable)

Signature of Applicant (if pro se)

Signature of Attorney (if applicable)

Street Address of Applicant

Attorney Registration No. (if applicable)

City, State, and Zip Code of Applicant

Street Address of Attorney (if applicable)

Driver's License No. of Applicant (if applicable)

City, State, and Zip of Attorney (if applicable)

Telephone of Applicant (if pro se)

Email Address of Attorney (if applicable)

Telephone of Attorney (if applicable)

(TO BE COMPLETED BY THE COURT)

SERVICE

A copy of this application was served by this Court on the Office of the Prosecutor for _____, this _____ day of _____, 20____.

The Applicant hereby certifies all requirements for expunging the records are met.

Name of Applicant

Name of Attorney (if applicable)

Signature of Applicant (if pro se)

Signature of Attorney (if applicable)

Street Address of Applicant

Attorney Registration No. (if applicable)

City, State, and Zip Code of Applicant

Street Address of Attorney (if applicable)

Driver's License No. of Applicant (if applicable)

City, State, and Zip of Attorney (if applicable)

Telephone of Applicant (if pro se)

Email Address of Attorney (if applicable)

Telephone of Attorney (if applicable)

(TO BE COMPLETED BY THE COURT)

SERVICE

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