

**IN THE SYLVANIA MUNICIPAL COURT
SYLVANIA, OHIO**

STATE OF OHIO

Plaintiff

-vs-

* Case No(s). _____

*

Judge Michael A. Bonfiglio

*

**APPLICATION TO SEAL RECORD(S) OF
CONVICTION**

Defendant/Applicant (please print)

Now comes Defendant/Applicant and states as follows:

1. I am a Defendant in the above case number(s) in the Sylvania Municipal Court.
2. I have been convicted of the following offenses (list ALL convictions in ALL courts, whether in or out of this state):

Conviction (Offense name)	Degree	Case No.	Court	Date of Conviction

3. I am requesting an order sealing the record(s) of the Sylvania Municipal Court conviction(s) noted above pursuant to Ohio Revised Code 2953.32.
4. It has been more than one year since the final discharge in my Sylvania Municipal Court case(s). “Final discharge” means it has been more than one year since I completed (if applicable) any/all jail sentences, probation, and court orders.
5. I have made full payment of all fines, costs, and restitution.

6. I have no traffic or criminal cases pending against me at this time.
7. Since my conviction(s) I have been rehabilitated, as evidenced by the following facts:

8. My interests in having the conviction record(s) sealed are not outweighed by any legitimate governmental need to maintain such record(s).
9. I understand I may attach additional pages in support, e.g. letter from employer, school certificates, etc. I have attached ____ additional pages.
10. I certify that the information provided in this application is true and accurate to the best of my knowledge. I understand that filing a false document with the court is a criminal offense.
11. I ask that this Honorable Court make all necessary findings and issue an order to seal my record(s) of conviction.

Respectfully submitted,

Defendant/Applicant's signature

Defendant/Applicant's printed name

Defendant/Applicant's address:

Defendant/Applicant's telephone number:
