

**IN THE COURT OF COMMON PLEAS OF DEFIANCE COUNTY, OHIO  
JUVENILE DIVISION**

**EXPUNGEMENT APPLICATION  
(O.R.C. 2151.358)**

Please Print

Name \_\_\_\_\_  
LastFirstM.I.

(Applicant should list name when the juvenile record was obtained, even if different now)

Date of Birth \_\_\_\_\_ Current Age \_\_\_\_\_ Social Security Number \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Ph.( \_\_\_\_\_ ) - \_\_\_\_\_ - \_\_\_\_\_

Has the record(s) already been sealed? Yes \_\_\_\_\_ No \_\_\_\_\_

(A record that has been sealed by the Court will automatically be expunged 5 years after it is sealed or at age 23, whichever is earlier)

^^

Case number(s) requested to 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 record should be expunged earlier than the time period for automatic expungement set out in ORC 2151.356 for the following reasons:**

\_\_\_\_\_

\_\_\_\_\_

**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 \_\_\_\_\_ Date \_\_\_\_\_