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

SEALING APPLICATION (O.R.C. 2151.356)

Please Print					
Name		First			M.I.
(Applicant should list name	when the juvenile record was o	obtained, even if	different now)		
Date of Birth	Current Age _	Social	Security Nu	mber	·
Address					
City	State	Zip	Ph.()	
^^^^^	^^^^^	^^^^^	^^^^^		^^^^^
Case number(s) re	equested to be seale	d: (The Juven numbers)		help you if you do	not know the case
The undersigned a	applicant hereby re	quests that	t the applica	nt's record	be sealed.
jurisdiction of the months have pass to the case, or any	ther states that the a court in relation to ed since the termina unconditional disc nmitted to an institu	a delinque ation of any harge from	ency compla y order mad 1 any institu	int and that le by the Co tion or facil	at least six urt in relation ity if the
	authorizes the rele aking a finding in t	•		or police rep	ort that may
Applicant' s Signa	nture			Date	