

HANCOCK COUNTY ADULT PROBATION DEPARTMENT

Application for Sealing of Record

Ohio Revised Code Section 2953.31 to 2953.36

Name: _____ Phone(s) _____

Present address: _____

SSN: _____ DOB: _____

List all addresses at which you have lived since your conviction: _____

Marital Status: _____ Do you have any children? _____

State the names and ages of your children: _____

Significant Other's name and age: _____

Are you presently employed? _____ If yes, where? _____

Length of employment: _____

What is your job? _____

List any other employment you have had since your conviction and the reasons for termination of employment.

<u>Employer</u>	<u>Dates Employed</u>	<u>Job</u>	<u>Reasons for Leaving</u>
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If you are not presently employed, what is your source of income and the amount of income?

CRIMINAL CHARGE AND DATE OF CONVICTION AND/OR DISMISSAL REQUESTING TO BE SEALED: (List approximate date and charge, if exact date and charge is unknown)

Date: _____ Charge: _____

Were you sentenced in the Hancock County Common Pleas Court? _____

Have you had any arrests or convictions either before or after the one you are requesting be sealed? _____
If yes, please explain.

Please provide your reason for seeking this Sealing of a Record and additional comments:

References

Please have at least **four (4)** responsible persons submit letters of reference directly to the Hancock County Adult Probation Department at 300 South Main Street, Findlay, Ohio 45840.

I do hereby certify that the answers, as set forth herein, are true and accurate to the best of my knowledge.

Signature