

**IN THE TIFFIN-FOSTORIA MUNICIPAL COURT**

**SENECA 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 Code 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\_\_\_\_\_.