

LORAIN COUNTY COURT OF COMMON PLEAS
LORAIN COUNTY, OHIO

STATE OF OHIO
Plaintiff,

VS.

Defendant/Applicant.

)
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)
)
)
)
)

CASE NO. _____

JUDGE _____

APPLICATION TO **SEAL**
RECORD OF NON-CONVICTION

I respectfully request the Court to seal my record of arrest, charge(s), no bill by a grand jury, dismissal, or not guilty finding in this case, and all related records pursuant to Ohio Revised Code §2953.33. I certify all requirements for sealing the records have been met.

Printed name of Defendant/Applicant

Signature of Defendant/Applicant

Street address

City, state, and zip code

E-mail address

_____(_____)_____
Telephone number

IMPORTANT: You must mail or hand deliver a copy of this Application and any attachments to the Application to the Lorain County Prosecutor's Office, located at the Lorain County Justice Center, 225 Court Street, Third Floor, Elyria, OH 44035. Please complete the Certificate of Service and sign it.

CERTIFICATE OF SERVICE

I certify that I served a copy of this Application to Seal Record of Non-conviction upon the office of the Lorain County Prosecutor via the following method:

- ☐ hand delivery
- ☐ ordinary U.S. mail

on this _____ day of _____, 20_____.

Signature of Defendant/Applicant

THE FOLLOWING PAGES ARE NOT TO BE FILED WITH THE COURT.

They will be used by the PSI Department to conduct an investigation pursuant to your request to have your record sealed.

**THE SEALING RECORD QUESTIONNAIRE MUST BE COMPLETED AND
DELIVERED TO THE ADDRESS LISTED ON THE FOLLOWING
INSTRUCTION PAGE.**

THE CLERK'S OFFICE WILL NOT FORWARD THESE DOCUMENTS TO PSI.

It is your responsibility to deliver them.



Court of Common Pleas
Lorain County Adult Probation Department
Lorain County Courthouse
308 2nd Street
Phone: (440) 326-4700 / Fax: (440) 326-4735

In order to better assist the PSI Department in expediting your Sealing of Records, please fill out the attached questionnaire by printing in either blue or black ink.

Please have the questionnaire filled ***out completely and legibly and please return the completed questionnaire within 10 days of applying for your Sealing of Records.***

Once you have filled out the questionnaire — please hand deliver to:

Lorain County Adult Probation
PSI Department
308 Second Street
Elyria, Ohio 44035
440-328-2119

If you are not able to hand deliver — please fax to 440-328-2128 and call 440-328-2119 to set up an appointment.



LORAIN COUNTY COURT OF COMMON PLEAS

Lorain County Adult Probation Department

308 Second Street, Elyria, OH 44035
(440) 326-4700 or 244-6261 Ext. 4700 Fax (440) 328-2128

Sealing of Records Questionnaire

Name: _____ Sex: ___M___F
Last First Middle
Alias/Maiden Name: _____ U.S. citizen: ___Yes___No

DOB: _____ Age: _____ Social Security #: _____

Address: _____ Race: _____
address
City State Zip Phone #: _____

Email: _____

Where were you born: _____
City State

Height: _____ Weight: _____ Hair: _____ Eyes: _____

Have you ever served in the military?: ___Yes___No

Marital Status (Please Circle):

Single Married Divorced Separated Widowed

Number of Children: _____

Education

Highest Grade Completed: _____

Fines/Court Costs/Restitution

Paid in Full: ___Yes___No Amount Owed: _____

Income

Current Income per month: _____

Current Employer Name: _____

Employer Address: _____
Address City State

_____SSI/Disability _____Laid Off _____Unemployed _____Student _____Family/Friends Assist

SSI/SSD Amount: _____ Verified (office use only): _____

Food Stamps Amount: _____ Verified (office use only): _____

Criminal Record:[illegible]

Please provide a statement in regards to your offense or crime. Include any reason you had for committing the crime or offense and how you feel about what you did. (If you need additional room please use back)

If you would not like to make a statement please initial here: _____

Defense Attorney: _____

Print Name: _____

Signature: _____ Date: _____

**LORAIN COUNTY COURT OF COMMON PLEAS
ADULT PROBATION DEPARTMENT**

RELEASE OF INFORMATION

I, _____, hereby grant permission to
(Name of person releasing information) (Social Security #)

_____ to release to the Lorain County
(Any program to which I am referred and is named above)

Adult Probation Department's attention _____, the following information:
(Probation or Officer of the Court)

| | |
|---|--|
| 1. Drug History 2. Treatment History 3. Current primary drugs of abuse 4. Assessment and treatment recommendations 5. Admission date 6. Type of counseling 7. Counseling attendance 8. Type of medications 9. Medication attendance | 10. Urinalysis results 11. Program Violations 12. Goals and general progress 13. Discharge date 14. Discharge Summary 15. Aftercare recommendations 16. Unrestricted oral communications 17. Other, please specify below: Other: _____ |
| 18. Research/follow up until probation terminates: (Date of Expiration) _____ | |

PURPOSE OR NEED FOR DISCLOSURE:

_____ **1. Pretrial release supervision and monitoring of release conditions**

_____ **2. Probation Supervision and monitoring of conditions of supervision**

_____ **3. Other, please specify:**

Lorain County Adult Probation Department

I understand that Lorain County Adult Probation Department and programs under its jurisdiction comply with the Health Insurance Portability and Accountability Act of 1997 (HIPAA) as adopted by the Board of Commissioners of Lorain County, Ohio, effective April 11, 2003.

I understand that my participation in a drug treatment and/or mental health treatment program has been made a condition of my pretrial release, intervention in lieu of conviction, suspension of sentence, probation, parole or other (please specify) _____. I understand that this consent will expire on the date listed in #18 above. According to 42 CFR Par 2 Section 235 (1987), Federal Confidentiality of Alcohol and Drug Abuse Patient Records, the following are restrictions on redisclosure: "A person who receives patient information under this section may redisclose and use it only to carry out that person's official duties with regard to the patient's conditional release or other action in connection with which the consent was given."

Signature of Witness

Date

Signature of Person Authorizing Release

RVSD: 6/11