

LORAIN COUNTY COURT OF COMMON PLEAS
LORAIN COUNTY, OHIO

STATE OF OHIO)
Plaintiff,) CASE NO. _____
VS.)

Defendant/Applicant.) 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

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	10. Urinalysis results
2. Treatment History	11. Program Violations
3. Current primary drugs of abuse	12. Goals and general progress
4. Assessment and treatment recommendations	13. Discharge date
5. Admission date	14. Discharge Summary
6. Type of counseling	15. Aftercare recommendations
7. Counseling attendance	16. Unrestricted oral communications
8. Type of medications	17. Other, please specify below:
9. Medication attendance	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