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

EXPUNGEMENT APPLICATION
(O.R.C. 2151.358)

Please Print

Name _____

Last **First** **M.I.**

(Applicant should list name when the juvenile record was obtained, even if different now)

Date of Birth _____ **Current Age** ____ **Social Security Number** ____ - ___ - ____

Address _____

City _____ **State** _____ **Zip** _____ **Ph.** (_____) - _____ - _____

Has the record(s) already been sealed? Yes____ No____

(A record that has been sealed by the Court will automatically be expunged 5 years after it is sealed or at age 23, whichever is earlier)

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