

**COURT OF COMMON PLEAS
JUVENILE DIVISION
LAKE COUNTY, OHIO**

APPLICATION TO SEAL RECORD

Name:		Address:	
City, State, Zip:		Phone:	
SSN:		D.O.B:	
Case No.		Offense:	

I, _____ do hereby certify that it has been six months or more since I was under the jurisdiction of the Juvenile Court or that I am 18 years old or older. Therefore, I request my juvenile record to be sealed pursuant to Ohio Revised Code Section 2151.356.

Applicant Date

Prosecutor's Review

- Approve
- Object

Prosecutor Date

Victim Contact Statement

- The victim(s) has/have been contacted and do not object.
- The victim(s) has/have been contacted and object.
- Attempts to contact the victim(s) has/have been unsuccessful.
- The victim(s) has/have not responded.
- Other: _____

Prosecutor / Victim Advocate Date

Probation Officer's Review

- Not Applicable
- Approve
- Object

Probation Officer Date