

To: Holmes County Juvenile Court
Attn: Deputy Clerk
1 East Jackson Street, Suite 202
Millersburg, OH 44654

Dear Deputy Clerk,

In accordance with ORC Section 2151.357(E), I request to inspect my records, which have been *sealed* by the Juvenile Court, for the following reason(s):

Full Name _____
 Last First M.I.

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

Telephone Number (_____) _____

Current Address: _____

Birth Date: _____ Social Security # ____ - ____ - _____

Sincerely,

Signature

Date