HOLMES COUNTY JUVENILE COURT

SEALING APPLICATION

O.R.C. § 2151.356, .357, .358

Please Print				
NAME				
Last (Applicant should list name when the	iuvanila raaard	was obtained A	First	MI
		was obtained F	and current last name if d	interent now)
Date of Birth				
Address				
City	State	Zip	Ph. () _	
^^^^^	.,,,,,,,,,	^^^^^	^^^^^	
Case number(s) requested to (The Clerks will help you if you do not known the Clerks will help you if y				
Please complete one of the lateral and the lat	below state	ements:		
1				
I am under the age of the Court in relation t passed since the term case.	o a delinqu	ency compl	aint and at least six	(6) months have
I authorize the release in ruling on my reque	•	ool and/or p	police report that ma	ay assist the Court
Signature			Dat	e
2. I request that my reco	ord be seale	ed.		
I am eighteen (18) ye jurisdiction of the Co made by the Court in	urt in relati	on to a delir	nquency complaint	
I authorize the release in ruling on my reque	•	ool and/or p	police report that ma	ay assist the Court
Signature			Dat	e