

IN THE \_\_\_\_\_ COURT  
\_\_\_\_\_, OHIO

**APPLICATION FOR SEALING OF RECORDS – R.C. 2953.32/2953.52**

Defendant makes application to this Court for an Order sealing the official records in the following case(s). If defendant is requesting to seal criminal records in multiple cases, such request is being made in one application and upon the payment of fifty dollars (unless indigent), regardless of the number of records, pursuant to R.C. 2953.32(C)(3).

Full Name:	Alias/Maiden Name:
Current Mailing Address:	City:
State:                      Zip:	Phone #:
Date of Birth:	Last 4 Digits of Social Security #:

<b><u>Case Number</u></b>	<b><u>Charge(s)</u></b>	<b><u>Level of Offense</u></b>	<b><u>Result</u></b>	<b><u>Date of Result</u></b>
			<input type="checkbox"/> Conviction <input type="checkbox"/> Not Guilty / Dismissal <input type="checkbox"/> Bail Forfeiture	
			<input type="checkbox"/> Conviction <input type="checkbox"/> Not Guilty / Dismissal <input type="checkbox"/> Bail Forfeiture	

(Use additional pages attached as needed.)

There are currently no charges pending against the Defendant.

Defendant is applying to seal these records for the following reasons:

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\_\_\_\_\_  
Defendant Signature

\_\_\_\_\_  
Date

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			<input type="checkbox"/> Conviction <input type="checkbox"/> Not Guilty / Dismissal <input type="checkbox"/> Bail Forfeiture	
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IN THE \_\_\_\_\_ COURT OF  
\_\_\_\_\_, OHIO

STATE OF OHIO, : CASE NO. \_\_\_\_\_

PLAINTIFF : JUDGE \_\_\_\_\_

VS. \_\_\_\_\_, :

: **JUDGMENT ENTRY**

DEFENDANT :

The Defendant, having applied to the Court for sealing of his/her record of conviction or dismissal, and the Court being sufficiently informed, finds as follows:

1. Defendant is an eligible offender under R.C. 2953.31 or 2953.52.
2. No criminal proceedings are pending against the Defendant.
3. The Defendant's interests in having the records pertaining to his/her case(s) sealed are not outweighed by the government's legitimate need to maintain these records.

Therefore, Defendant's petition for record sealing is granted. **It is hereby ordered** that all official records pertaining to this case shall be sealed and all indexed references thereto shall be deleted, except as otherwise provided in R.C. Chapter 2953. The proceedings of the case will be considered not to have occurred and the case(s) shall be sealed, subject to the exceptions set forth in R.C. Chapter 2953.

**It is further ordered** that no officer or employee of the State, or any political subdivision thereof shall release, disseminate, or make available for any purpose

involving employment, bonding, or licensing in connection with any business, trade or profession to any person, or to any department, agency, or other instrumentality of the State's Government of any political subdivision thereof, any information or other data concerning any arrest, indictment, trial hearing, conviction, or correctional supervision.

**It is further ordered** that copies of this Entry shall be served by Clerk of Court on the following by certified mail, return receipt requested (check all that apply):

- The Ohio State Highway Patrol
- The Prosecuting Attorney of \_\_\_\_\_ County, Ohio
- The Adult Probation Department of this Court
- The Bureau of Criminal Investigation in the Office of the Attorney General of the State of Ohio
- Records Department of the \_\_\_\_\_ Police Department
- Records Department of the \_\_\_\_\_ County Sheriff's Department
- FBI, Washington, D.C.
- Common Pleas Court of \_\_\_\_\_ County, Ohio
- Municipal Court of \_\_\_\_\_, Ohio
- \_\_\_\_\_ County Court
- Other: \_\_\_\_\_

**It is further ordered** that none of the foregoing persons shall inspect or use said records nor permit the inspection or use of said records except as provided in ORC Chapter 2953.

\_\_\_\_\_  
JUDGE



IN THE COURT OF \_\_\_\_\_  
 \_\_\_\_\_ COUNTY, OHIO

	)	CASE NO.
	)	
Plaintiff,	)	JUDGE
	)	
vs.	)	
	)	<b><u>FINANCIAL DISCLOSURE /</u></b>
	)	<b><u>AFFIDAVIT OF INDIGENCY</u></b>
	)	<b><u>AND ORDER</u></b>
Defendant.	)	

Pursuant to R.C. § 2323.311, the below named Applicant requests that the Court determine that the Applicant is an indigent litigant and be granted a waiver of the prepayment of costs or fees in the above captioned matter. The Applicant submits the following information in support of said request.

Personal Information			
Applicant's First Name		Applicant's Last Name	
Other Persons Living in Your Household			
First Name	Last Name	Is this person a child under 18?	Relationship (Spouse or Child)
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Public Benefits			
I receive the following public benefits and my gross income, including the cash benefits marked below, does not exceed <b>187.5%</b> of the federal poverty guidelines.			
Place an "X" next to any benefits you receive.			
Ohio Works First <sup>1</sup> : ___    SSI <sup>2</sup> : ___    Medicaid <sup>3</sup> : ___    Veterans Pension Benefit <sup>4</sup> : ___    SNAP / Food Stamps <sup>5</sup> : ___			
Monthly Income			
I am <b>NOT</b> able to access my spouse's income <input type="checkbox"/>			
	Applicant	Spouse (If Living in Household)	Total Monthly Income
Gross Monthly Employment Income, including Self-Employment Income (Before Taxes)	\$	\$	\$
Unemployment, Worker's Compensation, Spousal Support (If Receiving)	\$	\$	\$
<b>TOTAL MONTHLY INCOME</b>			<b>\$</b>

**Pursuant to R.C. § 2323.311(B)(3)**, upon the filing of a civil action or proceeding and the affidavit of indigency under division (B)(1) of this section, the clerk of the court shall accept the action or proceeding for filing.

Liquid Assets			
Type of Asset		Estimated Value	
Cash on Hand		\$	
Available Cash in Checking, Savings, Money Market Accounts		\$	
Stocks, Bonds, CDs		\$	
Other Liquid Assets		\$	
<b>Total Liquid Assets</b>		<b>\$</b>	
Monthly Expenses			
Column A		Column B	
Type of Expense	Amount	Type of Expense	Amount
Rent / Mortgage / Property Tax / Insurance	\$	Insurance (Medical, Dental, Auto, etc.)	\$
Food / Groceries	\$	Child or Spousal Support that You Pay	\$
Utilities (Heat, Gas, Electric, Water / Sewer, Trash)	\$	Medical / Dental Expenses or Associated Costs of Caring for a Sick or Disabled Family Member	\$
Transportation / Gas	\$	Credit Card, Other Loans	\$
Phone	\$	Taxes Withheld or Owed	\$
Child Care	\$	Other (Specify)	\$
<b>Total Column A Expenses</b>	<b>\$</b>	<b>Total Column B Expenses</b>	<b>\$</b>
<b>TOTAL MONTHLY EXPENSES (Column A + Column B)</b>			

I, \_\_\_\_\_, hereby, certify that the information I have provided on  
 (Print Name)  
 this financial disclosure form is true to the best of my knowledge and that I unable to prepay the costs or fees in this case.

\_\_\_\_\_  
 Signature

SWORN TO AND SUBSCRIBED BEFORE ME, A NOTARY PUBLIC, THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
 Notary Public

**Pursuant to R.C. § 2323.311(B)(3)**, upon the filing of a civil action or proceeding and the affidavit of indigency under division (B)(1) of this section, the clerk of the court shall accept the action or proceeding for filing.

**ORDER**

- Upon the request of the Applicant and the Court's review, the Court finds that the Applicant **IS** an indigent litigant and **GRANTS** a waiver of the prepayment of costs or fees in this matter.
- Upon the request of the Applicant and the Court's review, the Court finds that the Applicant is **NOT** an indigent litigant and **DENIES** a waiver of the prepayment of costs or fees in this matter. You have thirty (30) days to make the required advance deposit or security. Should you not make such advance deposit or security within the 30 days, then your case shall be dismissed. If you make such advance deposit or security within the 30 days, then your case will proceed.

**IT IS SO ORDERED**

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Judge / Magistrate

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Date



## APPENDIX

### 2020 FEDERAL POVERTY LIMIT

Persons in family/household	100% Poverty	(FPL) 100% Poverty Monthly Gross Income	187.5% Poverty	187.5% Poverty Monthly Gross Income
1	\$12,760	\$1,063.33	\$23,925	<b>\$1,993.75</b>
2	\$17,240	\$1,436.66	\$32,325	<b>\$2,693.75</b>
3	\$21,720	\$1,810.00	\$40,725	<b>\$3,393.75</b>
4	\$26,200	\$2,183.33	\$49,125	<b>\$4,093.75</b>
5	\$30,680	\$2,556.66	\$57,525	<b>\$4,793.75</b>
6	\$35,160	\$2,930.00	\$65,925	<b>\$5,493.75</b>
7	\$39,640	\$3,303.33	\$74,325	<b>\$6,193.75</b>
8	\$44,120	\$3,676.66	\$82,725	<b>\$6,893.75</b>

R.C. § 2323.311(B)

(4) A judge or magistrate of the court shall review the affidavit of indigency as filed pursuant to division (B)(2) of this section and shall approve or deny the applicant's application to qualify as an indigent litigant. The judge or magistrate shall approve the application if the applicant's gross income does not exceed one hundred eighty-seven and five-tenths per cent of the federal poverty guidelines as determined by the United States department of health and human services for the state of Ohio and the applicant's monthly expenses are equal to or in excess of the applicant's liquid assets as specified in division (C)(2) of section 120-1-03 of the Administrative Code, as amended, or a substantially similar provision. If the application is approved, the clerk shall waive the advance deposit or security and the court shall proceed with the civil action or proceeding. If the application is denied, the clerk shall retain the filing of the action or proceeding, and the court shall issue an order granting the applicant whose application is denied thirty days to make the required advance deposit or security, prior to any dismissal or other action on the filing of the civil action or proceeding.

(6) Nothing in this section shall prevent a court from approving or affirming an application to qualify as an indigent litigant for an applicant whose gross income exceeds one hundred eighty-seven and five-tenths per cent of the federal poverty guidelines as determined by the United States department of health and human services for the state of Ohio, or whose liquid assets equal or exceed the applicant's monthly expenses as specified in division (C)(2) of section 120-1-03 of the Administrative Code, as amended, or a substantially similar provision.

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<sup>1</sup>Ohio Works First Income Limit: 50% FPL (R.C. 5107.10(D)(1)(a))

<sup>2</sup>SSI Income Limit: cannot have countable income that exceeds the Federal Benefit Rate (FBR). 2019 FBR: \$771 monthly for single disabled individual; \$1157 monthly for disabled couple (20 CFR 416.1100)

<sup>3</sup>Medicaid Income Limit:

Modified Adjusted Gross Income (MAGI):138% FPL (OAC 5160:1-4-01; 42 USC 1396a(a)(10)(A)(i)(VIII)

Aged, Blind or Disabled:\$791 for single person; \$1177 for disabled couple

<sup>4</sup>Veterans Pension Benefit Income Limit: [TBD]

<sup>5</sup>Supplemental Nutrition Assistance Program (SNAP) Income Limit: 130% FPL for assistance groups with nondisabled/nonelderly member; 165% FPL for elderly and disabled assistance groups (OAC 5101:4-4-11; Food Assistance Change Transmittal No. 61)