

FRANKLIN MUNICIPAL COURT  
PROBATION DEPARTMENT  
400 Anderson Street Suite B  
Franklin, Ohio 45005  
937-743-5012

Ronald W. Ruppert  
Judge

KATIE PERDUE  
Chief Probation Officer

**THIS COURT CAN ONLY ADDRESS CASES FILED IN  
THIS COURT**

The Court has provided this packet for the purpose of making application for Sealing of Record in this Court. All documents in the packet are to be completed by the applicant's attorney or applicant if acting without advice of counsel. Court and probation staff may not assist you in completion of the documents.

Upon completion, the application is to be returned to the Franklin Municipal Court along with the filing fee of \$50 for Sealing of Record of Conviction.

The Probation Department will conduct a required criminal record check and background investigation to determine your eligibility for Sealing of Record of Conviction or Sealing of Record after Not Guilty or Dismissal. Following completion of the investigation, you will be notified by mail of the hearing date which will be scheduled by the Clerk of Court.

**PLEASE READ ALL DOCUMENTS AND COMPLETE ALL FORMS CAREFULLY AND COMPLETELY. IF A QUESTION DOES NOT APPLY TO YOUR CASE, PLEASE INITIAL THE SPACE. ALL QUESTIONS MUST BE ANSWERED OR INITIALIZED.**

**IMPORTANT: SEALING OF RECORD WILL NOT BE COMPLETED WITHOUT CASE NUMBERS FOR ALL CHARGES. THIS INFORMATION IS AVAILABLE FROM THE CLERK OF COURT.**

**IF YOUR CONVICTION OCCURRED IN ANOTHER COURT, YOU MUST FILE IN THAT COURT OR WARREN COUNTY COMMON PLEAS COURT IF CONVICTION OCCURRED OUT OF STATE.**

CONTACT: KATIE PERDUE, CHIEF PROBATION OFFICER (937)743-5012

AUTHORIZATION TO RELEASE CONFIDENTIAL INFORMATION

NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

I hereby authorize the release of all confidential records and information concerning me to the Department of Probation for the Franklin Municipal Court for the purpose of investigation, treatment, or supervision, or any other purpose under Ohio law.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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1) Name: (List aliases, maiden name, and/or legal name changes since the age of 18)

\_\_\_\_\_

2) Current home address:

\_\_\_\_\_

3) SS#: \_\_\_\_\_ DOB: \_\_\_\_\_

4) List all Cities/States you have lived in since the age of 18: \_\_\_\_\_

5) Current place of employment: \_\_\_\_\_

If not employed, current source of income: \_\_\_\_\_

6) **LIST CHARGES AND CASE NUMBERS YOU WANT SEALED**

Charge \_\_\_\_\_ Case# \_\_\_\_\_

Charge \_\_\_\_\_ Case# \_\_\_\_\_

7) Was there a victim? Name: \_\_\_\_\_ Age: \_\_\_\_\_

Relationship: \_\_\_\_\_

8) Reason for requesting Sealing of Record: \_\_\_\_\_ Employment Purposes  
\_\_\_\_\_ Housing Purposes  
\_\_\_\_\_ Educational Purposes \_\_\_\_\_ Other \_\_\_\_\_

9) **LIST ANY PRIOR RECORD IN ANY OTHER COURT INCLUDING TRAFFIC OFFENSES:**

\_\_\_\_\_

I, the undersigned, acknowledge that the above information is true and correct to the best of my ability.

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
PHONE

\_\_\_\_\_  
DATE