

# Application for Sealing Record

## Geauga County Public Defender

Date of Application:	Case Number:
Name:	
Any other names used (aliases, maiden names, etc.):	
Social Security Number:	Date of Birth:
Address:	
Length of Residency at this address:	
Names and relationship of anyone else living at this address:	
Email Address:	
Secondary Contact Name:	Phone Number:
May we leave a message with this person if we cannot contact you?:	
Current Employment:	
How long have you been employed at this location?	
Annual Expected Income:	

Please list any programs, training, education awards or other accomplishments achieved since the time of your conviction.


Please list all previous criminal cases in which you were charged as an adult including OVI/DUIs, cases which have already been expunged, and cases in which charges were dismissed.


Please list any juvenile cases you would like considered for sealing or expungement.
