

**IN THE COMMON PLEAS COURT OF
DARKE COUNTY, OHIO
JUVENILE DIVISION**

**APPLICATION TO
EXPUNGE JUVENILE
RECORD (O.R.C. 2151.358)**

YOU MUST REMIT \$100.00 WITH THIS APPLICATION.

Name _____
Last
First
M.I.

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

Date of Birth _____ **Current Age** _____ **Social Security Number** _____ - _____ - _____

Address _____

City _____ **State** _____ **Zip** _____ **Phone** _____

Case number(s) requested to be expunged: (The Juvenile Court clerk will help you if you do not know the case numbers)

The undersigned applicant hereby requests that his/her record be expunged.

The applicant further states that that he/she is not currently under the jurisdiction of the Court in relation to a criminal complaint. The applicant also authorizes the release of any school and/or police report that may aid the Court in making a finding in this matter.

Applicant's Signature _____ **Date** _____