## IN THE CIRCLEVILLE MUNICIPAL COURT

## **PICKAWAY COUNTY, OHIO**

A copy of this application was s		VICE						_
(TO BE CO	MPLET	ED BY THE	COURT)	)				
	Telephone			ne of	ne of Attorney (if applicable)			
Telephone of Applicant (if pro se)			Email Address of Attorney (if applicable)				licable)	
Driver's License No. of Applicant (if applicable	)		City, State, and Zip Code of Attorney (if applicate					(if applicable)
City, State, and Zip Code of Applicant		;	Street Address of Attorney (if applicable)					licable)
Street Address of Applicant		-	Attorney Registration No. (if applicable)					cable)
Signature of Applicant (if pro se)		,	Signature of Attorney (if applicable)					e)
Name of Applicant		Ī	Name o	f Attor	ney (if a	pplica	ble)	
Applicant is not depositing a fee with this applic after a not guilty finding, dismissal of proceedin all requirements for sealing the records are me	gs, or							
The Applicant moves the Court to order			in th	is cas	e and a	ll relat	ed re	cords. The
	:		ation to int to R			s of N	onco	nviction
	:	Judge:	ELISA	M. PE	TERS			
Applicant Name	: :	Case N	o(s)					

Effective Date: October 1, 2020