PAINESVILLE MUNICIPAL COURT
7 Richmond St., P.O. Box 601
Painesville, OH 44077
Phone: (440) 392-5900; Fax: (440) 352-0028

EXPUNGEMENT/SEALING OF RECORD

Date:

State of Ohio _____ Plaintiff

vs

_____ Defendant

Case Number(s): _____

Now comes the Petitioner: _____
to file a Motion for Expungement for his/her record for the charge of:

_____

Reason for Request:

_____

_____

My prior criminal and traffic record consists of (excluding minor traffic citations):

_____

Address	Social
Address	DOB
City / State	Phone
Zip Code	Cell