



In The Court Of Common Pleas
Lucas County, Ohio
Juvenile Division

**APPLICATION FOR INSPECTION AND A COPY
OF SEALED JUVENILE DELINQUENCY
RECORDS (R.C. 2151.357 (E)(3))**

Name: _____

DOB: _____ SS# _____

Phone # _____

Address: _____
(Street Number and Street Name) (City, State, Zip)

Pursuant to R.C. 2151.357 (E)(3), this is an application by the same person who is the subject of sealed juvenile delinquency records held by the Lucas County Juvenile Court to inspect and have a copy of those same records. Specifically, I would like to have a copy of _____

for my records. By affixing my signature below and by completing this request form, I authorize the Lucas County Juvenile Court to release a copy of the above-requested sealed delinquency records to me.

Signature

Date

Printed Name

Signature of Parent/Guardian (*in case of minor*)

Date

For Lucas County Juvenile Clerk Use Only

NO RECORD(S) FOUND

RECORD ATTACHED

Deputy Clerk

Date