

To: Defiance County Juvenile Court
Attn: Deputy Clerk
221 Clinton St.
Defiance, OH 43512

Dear Deputy Clerk,

In accordance with ORC 2151.357 (E), I request to inspect my records, which have been sealed by the Juvenile Court, for the following reason(s):

Please Print

Full Name _____
Last First MI

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

Telephone Number (_____) _____

Current Address: _____

Birth Date: _____ Social Security # _____ - _____ - _____

Sincerely,

Signature

Date

Request for inspection of sealed record by person whose record is sealed