



Lebanon Municipal Court
Probation Department
50 S. Broadway
Lebanon, OH 45036

Judge Mark Bogen

Probation Office (513) 228-3190

The Court has provided this packet for the purpose of making an application to expunge or seal your criminal record with this Court. All documents are to be completed by the applicant if acting without advice of counsel, or the applicant's attorney.

Return the entire completed packet to the Lebanon Municipal Court Clerk's office with the filing fee of \$50.00. You will receive notice in the mail of a hearing date and time. The expungement request is usually scheduled for a hearing in about four to eight weeks before the Judge. Your presence is not required at this hearing. Pending the hearing, your application is checked by the probation department for initial eligibility. Be sure to respond promptly to any request for information from the probation department. The probation department reports its findings to the Judge for consideration at the hearing. (No information will be discussed prior to the hearing. Please do not call the court or probation department for "status checks.")

Notify the Court immediately of a change of mailing address. Read all documents carefully and complete all forms completely. There will be no "expedited" hearings as your case will be scheduled on a first come first serve basis.

Authorization for Release of Information

TO: _____

RE: _____

D.O.B. _____ **Print Full Name** _____
S.S.N. _____

I, the undersigned, hereby authorize **LEBANON MUNICIPAL COURT / PROBATION DEPARTMENT** and the above named Agency/Organization/Hospital/Physician to exchange or release any information from my personal records for the purpose of evaluation, treatment, planning and treatment. Review of these records is also hereby authorized. The following information may be released/shared/reviewed:

_____ Medical Records, including without limitation, records of treatment for any and all physical and/or emotional illness and alcohol or drug abuse.

_____ Juvenile Court criminal, traffic and / or probation records.

_____ Military Records

_____ Other: _____

This authorization constitutes permission for the indicated parties to exchange the designated material regarding my case(s) and about me personally. It may be revoked by a letter of notification at any time by the person whose signature appears below. Cancellation does not affect information already released using this consent. Unless revoked in writing this authorization will expire ninety (90) days from the authorization date.

I hereby state that I have read and fully understand and agree to the above statements as they apply to me. I hereby consent to the disclosure of the records listed above to the parties listed below.

Date: _____

Signature

Witness: _____

Address

Information to be Released to:

**LEBANON MUNICIPAL COURT
PROBATION DEPARTMENT
50 S. BROADWAY
513 228-3190**

DEFENDANT

Full Name: _____ Phone: _____
 First Middle Last

Any other name you go by: _____

Address: _____
 Street City and State Zip Code

Previous Addresses since time of offense _____

Date of Birth: _____ Age _____ Place of Birth _____

Social Security No.: _____ Race: _____ Sex: _____

Height: _____ Weight _____ Color of Hair: _____ Color of Eyes: _____

List charges/conviction AND corresponding case numbers of the case(s) you wish to have sealed/expunged _____

Are there any pending charges in this court or any other court. If so list: _____

Prior Record. Include Juvenile, Adult, Traffic, DUI, and Out of State. A record check will be completed to verify this information, so answer completely and honestly.

Type	City and State	Date	Disposition