



The Court of Common Pleas  
Adult Probation Department  
Belmont County, Ohio

103 North Market St. \* St. Clairsville, OH 43950 \* phone (740) 695-3917 \* fax (740) 695-3942

## SEALING OF RECORD INVESTIGATION PACKET

To: Persons referred to the Adult Probation Department.

The Judge has referred your case to the Adult Probation Department for a sealing of record investigation and report. The Judge wants to know as much as he/she can about you, the offense in which you were involved, and what steps you have taken since your release from probation/community control so they can make a fair and impartial judgment in your case.

**Your cooperation is expected.**

### Instructions:

You will find a questionnaire attached. Please fill out this questionnaire **AFTER** you read the instructions carefully.

1. Use a blue or black pen only.
2. **PRINT** neatly and legibly. Take your time.
3. It is very important you answer **ALL** the questions truthfully, accurately, and completely as possible.

**(REMEMBER: Evasive or fraudulent statements will be taken into consideration.)**

4. You shall return the completed questionnaire to the assigned Probation Officer by mail as soon as possible.
5. Information offered by you will be verified by the Probation Officer.
6. Your signature must appear on **ALL** signature lines for this questionnaire to be considered completed.
7. Please sign the attached "Authorization to Release Confidential Information" forms.

INVESTIGATING OFFICER: \_\_\_\_\_

TELEPHONE NUMBER: (740)695-3917





**PREVIOUS ARREST OR CONVICTION DATA:**

Do you have any prior adult convictions:  Yes  No

List all arrests whether convictions or not, this includes juvenile and military (include the record you are requesting to be sealed).

Date	Court	Offense	Outcome

Were you ever on probation or parole as a juvenile or adult?  Yes  No

If yes, list the following:

Agency or Court	Address	Officer

Were you ever sentenced to an institution (county jail, reformatory, prison or juvenile institution).

If yes, list the following:  Yes  No

Name of Institution	Location	Time Served

Are you currently on probation or parole?  Yes  No

If yes, list the following:

Agency or Court	Address	Officer

Do you currently have any charges pending against you?  Yes  No

If yes, list the following:

Date	Court	Offense	Next Court date

**EMPLOYMENT DATA:**

Current Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Job Title: \_\_\_\_\_

Who is your immediate supervisor: \_\_\_\_\_

Date employment started: \_\_\_\_\_

Current Salary: \$ \_\_\_\_\_ per hour per year (*circle one*)

Hours per week: \_\_\_\_\_

Description of work: \_\_\_\_\_

Attach most current pay stub.

**LIST PREVIOUS TWO JOBS**

1) Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Job Title: \_\_\_\_\_

Who was your immediate supervisor \_\_\_\_\_

Date employment started/ended: \_\_\_\_\_

Salary: \$ \_\_\_\_\_ per hour per year (*circle one*)

Description of work: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

2) Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Job Title: \_\_\_\_\_

Who was your immediate supervisor \_\_\_\_\_

Date employment started/ended: \_\_\_\_\_

Salary: \$ \_\_\_\_\_ per hour per year (*circle one*)

Description of work: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

**OTHER:**

Is there any other pertinent information that you believe the Court should be aware of when considering your application for sealing of your record:

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**I do hereby attest that all of the information offered in this questionnaire is true to the best of my knowledge.**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**RETURN IMMEDIATELY TO:**  
**BELMONT COUNTY ADULT PROBATION**  
**103 N. MARKET ST.**  
**ST. CLAIRSVILLE, OH 43950**