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

Authorization for Release of Information

I hereby grant permission for release of the following information relating to my care between the parties named here. I am aware once this information is released to another party, it may no longer be protected.

Belmont County Adult Probation Department	**AND**	_____
103 North Market Street		_____
St. Clairsville, Ohio 43950		_____
Office: (740) 695-3917		_____
Fax: (740) 695-3942		_____

This information is to be:

☐ Mailed ☐ Picked Up ☐ Face to Face ☐ Phone ☐ Fax

☐ Other (specify): _____

The purpose of this request is for:

☐ Continuity of Care ☐ Legal Matter ☐ Personal ☐ Other (specify): _____

_____ _____
Client Name Date of Birth

_____ _____
Other Names Used in Treatment SSN

Date(s) of treatment _____

This information MAY include treatment or rehabilitation for drug and/or alcohol abuse, psychiatric treatment, HIV Antibody Test (test for AIDS virus) or AIDS and related conditions, IF they did occur. I specify this release is to include:

☐ Final Diagnosis	☐ Medications Prescribed	☐ Drug & Alcohol Assessment
☐ Discharge Summary	☐ Radiological Reports	☐ Dr & Alcohol Treatment
☐ History	☐ Operative Reports	☐ Mental Health Assessment
☐ Physical Examination	☐ Pathology Reports	☐ Mental Health Treatment
☐ Consultation	☐ Physician Orders	☐ Juvenile criminal record
☐ Emergency Room Treatment	☐ Laboratory Reports	☐ Education Data (diploma, transcripts)

☐ Other (specify): _____

This information has been disclosed to you from records protected by federal confidentiality rules. The federal rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 CFR Part 2. A general authorization for the release of medical or other information is not sufficient for this purpose. The federal rules restrict any use of information to criminally investigate or prosecute any alcohol or drug abuse client. I understand this authorization may be revoked at any time in writing, except to the extent that the program or person who is to make the disclosure has already acted in reliance on it. This authorization will remain in effect for 180 days after I sign and date the form below or until _____. I understand I may revoke my authorization at any time and for any reason. I understand I can lengthen or shorten the authorization period by date, event or condition.

_____ _____
Signature / Client Date

_____ _____
Signature Parent / Guardian (if applicable) Date

_____ _____
Witness Date

Extended date from:_____ to: _____ Signature: _____Date: _____

Adult Probation Department
Belmont County Court of Common Pleas
103 North Market Street
St. Clairsville, Ohio 43950

PERSONAL INFORMATION:

Full Name: _____
Last First Middle
Nicknames, Aliases, or Other Names Used: _____
_____
Present Address: _____
_____County of Residence: _____
Home Phone: _____ Cell Phone: _____
Email Address: _____

IDENTIFYING DATA:

Date of Birth: _____ Age: _____ S.S.N.: _____
Sex: _____ Race: _____ Height: _____ Weight: _____
Eyes: _____ Hair (Natural Color): _____
Place of Birth (including County): _____
Are you a US Citizen: ☐ Yes ☐ No (If no, give citizenship): _____
Identifying Marks: (Scars, Tattoos, Birthmarks, etc.) _____

COURT ORDERED FINANCIAL OBLIGATIONS:

Have all of your Court costs been paid:	☐ Yes	☐ No
Have all of your fines been paid:	☐ Yes	☐ No
Have all of you supervision fees been paid:	☐ Yes	☐ No
Has all of your restitution been paid:	☐ Yes	☐ No

PRIOR CONVICTIONS AND PRESENT CHARGES:

Have you been convicted of an offense prior to this case:	☐ Yes	☐ No
Have you been convicted of an offense since this case:	☐ Yes	☐ No
Do you have any pending charges against you:	☐ Yes	☐ No
Have three years past since your final release from probation:	☐ Yes	☐ No

CASE INFORMATION:

What are the names of any law enforcement agencies that participated in this case?

_____

_____

What court or courts did you appear in because of this case: _____

_____

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:

_____

_____

_____

_____

_____

_____

_____

_____

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