

**Cleveland Municipal Court
Earle B. Turner, Clerk
Office of the Clerk of Courts
Criminal Division**

Expungement/Seal of Record Information Form

Defendant's Name: _____ Case Number: _____

Date of Birth: _____ SSN: _____ Race: _____ Sex: _____

Current Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Defendant Phone Numbers: _____
Home Work

Cell Phone Number Alternate (Relative or Friend) E-Mail Address

Text/Phone Notification Approved YES NO

Attorney's Name and Phone Number: _____
Name Phone Number

Arresting Law Enforcement Agency: _____

Date of Arrest: _____ Charge(s): _____

Please submit this form with your application for Expungement/Seal of Record to:

**Earle B. Turner, Clerk of Courts Office
1200 Ontario Street Level Three
Cleveland, Ohio 44113.**

Failure to provide the above information may result in the inability of certain agencies to accept and process the order if granted by the court.

**IN THE CLEVELAND MUNICIPAL COURT
CUYAHOGA COUNTY, OHIO**

_____)		
Applicant)		Case No. _____
____/____/____)		
Date of Birth Gender Race)		
____/____/____)		APPLICATION TO SEAL ARREST RECORD
Social Security Number)		PURSUANT TO REVISED CODE 2953.52

The Applicant moves the Court to order the sealing of the records of the Applicant's arrest.

On _____, I was arrested by the Cleveland Division of Police or _____
(Date) (Arresting Agency)

for (charge): _____
 _____.

I was released from police custody without charges being filed against me. No court attendance was required on my behalf, and no Grand Jury hearing was held. Therefore, I request that the record of the above arrest be sealed and the arrest be deemed not to have occurred.

_____	_____
Print Name of Applicant	Print Name of Attorney (if applicable)
_____	_____
Signature of Applicant (if pro se)	Signature of Attorney (if applicable)
_____	_____
Street Address of Applicant	Attorney Registration No. (if applicable)
_____	_____
City, State, and Zip Code of Applicant	Telephone of Attorney (if applicable)
_____	_____
Telephone of Applicant (if pro se)	Email Address of Attorney

Email Address of Applicant	

SERVICE

A copy of this Application with was served by this Court on the Office of the Prosecutor for _____, this _____ day of _____, 20____.

Signature of Applicant or Attorney (if applicable)