

**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)		
____/____/____)		
Social Security Number)		APPLICATION TO SEAL ARREST RECORD
_____)		PURSUANT TO REVISED CODE 2953.52
_____)		WITH POVERTY AFFIDAVIT

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, and that a filing fee be waived.

_____	_____
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)

IN THE CLEVELAND MUNICIPAL COURT
CUYAHOGA COUNTY, OHIO

)	CASE NO.
)	
Plaintiff,)	JUDGE
)	
vs.)	
)	<u>FINANCIAL DISCLOSURE / FEE-</u>
)	<u>WAIVER AFFIDAVIT</u>
Defendant.)	<u>AND ORDER</u>

Now comes the below-named Applicant who requests that the Court determine that the Applicant is an indigent litigant and be granted a waiver of the prepayment of costs or fees in the above captioned matter. The Applicant submits the following information in support of said request.

Personal Information			
Applicant's First Name	Applicant's Last Name		
Applicant's Date of Birth	Last 4 Digits of Applicant's SSN		
Applicant's Address			
Other Persons Living in Your Household			
First Name	Last Name	Is this person a child under 18?	Relationship (Spouse or Child)
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Public Benefits			
I receive the following public benefits and my gross income, including the cash benefits marked below, does not exceed 187.5% of the federal poverty guidelines.			
Place an "X" next to any benefits you receive.			
Ohio Works First ¹ : ___ SSI ² : ___ Medicaid ³ : ___ Veterans Pension Benefit ⁴ : ___ SNAP / Food Stamps ⁵ : ___			
Monthly Income			
I am NOT able to access my spouse's income <input type="checkbox"/>			
	Applicant	Spouse (If Living in Household)	Total Monthly Income

Gross Monthly Employment Income, including Self-Employment Income (Before Taxes)	\$	\$	\$
Unemployment, Worker's Compensation, Spousal Support (If Receiving)	\$	\$	\$
TOTAL MONTHLY INCOME			\$
Liquid Assets			
Type of Asset	Estimated Value		
Cash on Hand	\$		
Available Cash in Checking, Savings, Money Market Accounts	\$		
Stocks, Bonds, CDs	\$		
Other Liquid Assets	\$		
Total Liquid Assets			\$
Monthly Expenses			
Column A		Column B	
Type of Expense	Amount	Type of Expense	Amount
Rent / Mortgage / Property Tax / Insurance	\$	Insurance (Medical, Dental, Auto, etc.)	\$
Food / Paper Products/Cleaning Products/Toiletries	\$	Child or Spousal Support that You Pay	\$
Utilities (Heat, Gas, Electric, Water / Sewer, Trash)	\$	Medical / Dental Expenses or Associated Costs of Caring for a Sick or Disabled Family Member	\$
Transportation / Gas	\$	Credit Card, Other Loans	\$
Phone	\$	Taxes Withheld or Owed	\$
Child Care	\$	Other (e.g. garnishments)	\$
Total Column A Expenses	\$	Total Column B Expenses	\$
TOTAL MONTHLY EXPENSES (Column A + Column B)			

I, _____, hereby certify that the information I have provided on
(Print Name)

this financial disclosure form is true to the best of my knowledge and that I am unable to prepay the costs or fees in this case.

Signature

NOTARY PUBLIC:

Sworn to before me and signed in my presence this _____ day of _____, 20____,

in _____ County, Ohio.

Notary Public (Signature)

Notary Public (Printed)

My Commission expires: _____

If available, an individual duly authorized to administer this oath at the Clerk of Court's Office will do so at no cost to the Applicant.

ORDER

- Upon the request of the Applicant and the Court's review, the Court finds that the Applicant **IS** an indigent litigant and **GRANTS** a waiver of the prepayment of costs or fees in this matter. Upon the filing of an action, motion, or proceeding and the affidavit of indigency, the clerk of the court shall accept the action, motion, or proceeding for filing.

- Upon the request of the Applicant and the Court's review, the Court finds that the Applicant is **NOT** an indigent litigant and **DENIES** a waiver of the prepayment of costs or fees in this matter. Applicant is granted thirty (30) days from the issuance of this Order to make the required advance deposit or security. Failure to do so within the time allotted may result in dismissal of the applicant's filing.

IT IS SO ORDERED

Judge / Magistrate

Date