

**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)