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

Sealing of Arrest Record Information Form

Is this case related to a case of human trafficking? Yes \square No \square			
Defendant's Name:			
Case Number(s):			
Date of Birth:	Last 4 Digits of SSN:XXX-XX		
Current Mailing Address: _			
City:	State:	Zip Code:	
Defendant Phone Numbers	s:		
	Home	Work	
Cell Phone Number	Alternate (Relative or Friend)	E-Mail Address	
Text/Phone Notification Ap	proved: YES 🗆 NO 🗆		
Attorney's Name and Phon	e Number:		
	Name	Phone Number	
Arresting Law Enforcement	t Agency(s):		
Date(s) of Arrest:	Charge(s):		

Please submit this form along with your application for Expungement and \$50.00 filing fee to:

Cleveland Municipal Clerk of Courts Office
Justice Center - Level 3
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.

The mission of the Clerk of Courts is to record and process all matters decided in the Cleveland Municipal Court. "WE CARE"

IN THE CLEVELAND MUNICIPAL COURT CUYAHOGA COUNTY, OHIO

City of Cleveland PLAINTIFF	Case No(s): a	
FLAINTIFF	b	
VS.	c	
DEFENDANT	нъст	
	JUDGE:	
D.O.B.	APPLICATION TO SEAL ARREST RECOR	
XXX-XX SSN		
2953.33 for an order sealing the records of App		
Applicant hereby provides the following in of Police:	formation for arrests made by the Cleveland Division	
1a Arrest Date: Orig	ginal Charge:	
1b. Arrest Date: Or	iginal Charge:	
1c. Arrest Date: Ori	iginal Charge:	
2. No court attendance was required on my3. No Grand Jury hearing was held.	y behalf;	
	Respectfully submitted,	
Certificate of Service A copy of the foregoing has been sent via	Name (Please Print)	
regular, U.S. Mail, postage prepaid on this day of, 20, to th Prosecuting Attorney for the City of Clevelar	ne	
	Address	
Defendant's Signat	Phone	
	Email	