

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

**Sealing of Record Information Form**

Is this case related to a case of human trafficking?      Yes ☐      No ☐

Defendant's Name: \_\_\_\_\_

Case Number(s): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Last Four Digits of SSN:XXX-XX-\_\_\_\_\_

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(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. \_\_\_\_\_

b. \_\_\_\_\_

c. \_\_\_\_\_

VS.

\_\_\_\_\_  
**DEFENDANT**

**JUDGE:** \_\_\_\_\_

\_\_\_\_\_  
**D.O.B.**

\_\_\_\_\_  
**XXX-XX-  
SSN**

**APPLICATION TO SEAL RECORD OF  
CONVICTION**

Applicant hereby makes an application to the Court pursuant to the Court pursuant to O.R.C. § 2953.32 for an order sealing the official records after a conviction in this case.

Applicant hereby provides the following information:

1a. Case No: \_\_\_\_\_ Original Charge: \_\_\_\_\_

1b. Case No: \_\_\_\_\_ Original Charge: \_\_\_\_\_

1c. Case No: \_\_\_\_\_ Original Charge: \_\_\_\_\_

2. Date of Conviction:

a. \_\_\_\_\_ b. \_\_\_\_\_ c. \_\_\_\_\_

3. Date of Termination of Probation (if imposed): \_\_\_\_\_

Applicant states:

1. The offense that is the subject of the application is not prohibited by O.R.C. § 2953.32(A);
2. There are no criminal proceedings currently pending against the Defendant;
3. Rehabilitation of the Defendant was attained to the satisfaction of the Court;
4. The interest of the applicant and the subject offender is not outweighed by any legitimate government need to maintain the records.

Respectfully submitted,

**Certificate of Service**

A copy of the foregoing has been sent via regular, U.S. Mail, postage prepaid on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, to the Prosecuting Attorney for the City of Cleveland.

\_\_\_\_\_  
Defendant's Signature

\_\_\_\_\_  
Name (Please Print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Email