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

Expungement/Seal of Record Information Form

Defendant's Name: Ca		se 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 Add	dress	
Text/Phone Notification Approved YES NO				
Attorney's Name and Phone Number:			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.				
The mission of the Clerk of Co	ourts is to record and process all matters dec "WE CARE"	ided in the Cleve	land Municipal Court.	

IN THE CLEVELAND MUNICIPAL COURT CUYAHOGA COUNTY, OHIO

CITY OF CLEVELAND,) CASE NO. a
Plaintiff) CASE NO. b
-VS-) CASE NO. c
Defendant) JUDGE APPLICATION TO SEAL RECORD OF CONVICTION(S)

Defendant hereby makes an application to the Court pursuant to Section 2953.32 of the Ohio Revised Code for an order sealing the official records of the conviction in this case(s).

Defendant hereby provides the following information:

1. a. Charge Convicted of:
1. b. Charge Convicted of:
1. c. Charge Convicted of:
2. Date of Conviction: abc
3. Date of Termination of Probation (if Probation was imposed):
4. Defendant's Current Address:
5. Defendant's Telephone #:
6. Defendant's SSN: DOB:
7. Defendant's Email Address:

Defendant states that he/she is an eligible offender as outlined in ORC Section 2953.32 and has no criminal proceedings pending; that rehabilitation has been attained to the satisfaction of the court; and that the interests of applicant in having the records pertaining to this conviction(s) sealed are not outweighed by any legitimate governmental needs to maintain those records.

Respectfully submitted,

Name (Please print)

Signature

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