

**IN THE CLEVELAND MUNICIPAL COURT
CUYAHOGA COUNTY, OHIO**

_____)		
Applicant)		Case No. _____
____/____/____)		
Date of Birth Gender Race)		
____/____/____)		APPLICATION TO SEAL ARREST RECORD
Social Security Number)		PURSUANT TO REVISED CODE 2953.52

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.

_____	_____
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)