

**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)

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)