

## Cuyahoga County Public Defender

### Record Sealing & Expungement Application Packet

If you cannot afford to hire your own attorney, the Cuyahoga County Public Defender may be able to assist you with sealing or expunging a criminal record in the Cuyahoga County Common Pleas Court.

#### Sealing or Expunging Criminal Convictions:

A person's eligibility to seal or expunge a **criminal conviction** is determined by statute and depends on several factors including: 1) the type and offense level of the conviction(s) in the case (not all convictions can be sealed or expunged); 2) the completion of the sentence (including payment all fines and restitution); 3) whether there are any other pending criminal cases; and 4) the time that has elapsed since completion of your sentence.

The following chart sets out the amount of time that you must wait *after fully completing your sentence* to seal or expunge an otherwise eligible criminal conviction:

	<b>Waiting Period for Sealing</b>	<b>Waiting Period for Expunging</b>
Minor Misdemeanor	6 months	6 months
Misdemeanor	1 year	1 year
F4s or F5s	1 year	11 years
F3s	3 years	13 years
Solicitation of Improper Compensation (2921.43)	7 years	7 years

#### Sealing Dismissed, No Billed, or Not Guilty Cases

A person's eligibility to seal an **arrest record in a case that was dismissed, no billed, or the subject of a not guilty verdict** is more expansive. Although there are some limitations on timing or present eligibility (if, for instance, you have a pending criminal case), cases involving dismissed (no billed or not guilty verdicts) can generally be sealed regardless of the type of offense. However, the ability to expunge criminal cases that were dismissed, no billed, or resulted in not guilty verdicts is more limited.

#### Other relevant information

A person's eligibility to have his or her record sealed or expunged is only the first hurdle in getting a record sealed. Even if you are eligible to have your record sealed, the State has the right to oppose the sealing of the record and the judge has discretion on whether or not to seal the record.

Because there are so many considerations involved in a decision to file an application to seal or expunge a criminal record, the Public Defender cannot immediately tell you whether you are eligible. After submitting your application, you should expect to hear from us within 4 weeks about your eligibility. There are, however, several other steps in the expungement process and, from start to finish, that process can take

several months depending, in part, on actions taken by the prosecutor and the Court as well as any other issues that may arise (e.g. a pending warrant) that impact the ability to seal or expunge the record.

### **Application Instructions**

Step One: Fill out the entire application including the financial disclosure statement.

Step Two: Return these forms to the Public Defender's Office in person, by mail or email  
PDExpApp@cuyahogacounty.us

Cuyahoga County Public Defender's Office  
Attn: Expungement Application  
310 W. Lakeside, Suite 200  
Cleveland, OH 44113  
**(216) 443-7580**

After receiving your application, the Public Defender's office will do a preliminary assessment of your eligibility to seal or expunge your record and then take one of the following steps depending on your eligibility to file and waive any applicable filing fee:

1. If we conclude that you are **eligible to seal or expunge *all* of your felony records and that no filing fee is required** (either because the records do not involve convictions or you qualify to waive the \$50 Court of Clerk filing fee for convictions), we will file the motions.
2. If we conclude that you are **eligible to seal or expunge *all* of your felony records *but* there is a filing fee required** (either because you do not qualify to waive it or have not provided a complete financial disclosure form), we will mail you a copy of the motions with further directions.
3. If we conclude that you are **eligible to seal or expunge *some but not all* of your felony records**, we will contact you to discuss whether and how to proceed.
4. If we determine that you **do not have any felony records *or* you are not eligible to seal *any* of your felony records**, we will advise you by letter and provide some alternative options.

**If you have any questions about the application process, please call (216) 443-7580.**

## **Application for Representation**

Date of Application: \_\_\_\_\_

### **CONTACT INFORMATION**

First and Last Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Any other names you have used (aliases, maiden names, etc.):

\_\_\_\_\_

Address: \_\_\_\_\_

City/State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Other phone: \_\_\_\_\_

EMAIL \_\_\_\_\_

Social Security Number : \_\_\_\_\_ Date of Birth: \_\_\_\_\_

What is the name and phone number of another person who we can leave a message with if we cannot get in touch with you?

Name: \_\_\_\_\_ Phone number: \_\_\_\_\_

### **INFORMATION ABOUT YOUR CRIMINAL HISTORY**

Please list any and all places you have had criminal cases (including DUI/OVIs) other than the Justice Center in downtown Cleveland, Ohio: We need this information even if that record has been expunged OR if that case was dismissed/charges were dropped.

In order to determine your eligibility for expungement, we must contact the Cuyahoga County Probation Department to confirm that all fines, fees, and restitution (if ordered) were paid in your case. Do we have your permission to do so?      YES       NO

Do we have your permission to use a commercial background check service to run a background check?

YES  NO

## Representation Acknowledgement Form

I, \_\_\_\_\_, (print name) want the Public Defender's Office to assist me with an application to seal or expunge my criminal record.

- I understand that I must provide the Public Defender's Office with an accurate description of my criminal record.
- I understand that the Public Defender's Office only makes a preliminary assessment of my eligibility at the time it files a motion to seal or expunge my record.
- I understand that that Public Defender's Office can only provide me with a final assessment of my eligibility after my attorney receives a copy of the background check conducted by the Probation Department.
- I understand that my attorney may need to withdraw my motion if the background check provides information that makes me ineligible to have my record sealed.
- I understand that just because I am eligible to seal or expunge my record that does NOT mean that the Judge is *required* to grant my application. I understand that it is ultimately up to the Judge to determine whether my record will be sealed.
- I understand that if the Public Defender's Office cannot reach me or if I do not attend my hearing, my attorney may be forced to withdraw my expungement or record sealing application.
- I understand that there is a \$50 filing fee for expungement of a conviction that must be paid to the Clerk of Courts if I do not qualify to have that fee waived. I understand that this \$50 filing fee is NONREFUNDABLE. I understand that this filing fee WILL NOT BE RETURNED TO ME UNDER ANY CIRCUMSTANCES, EVEN IF MY APPLICATION IS DENIED OR WITHDRAWN.
- I understand that a Certified Legal Intern may represent me at my expungement hearing. I understand that a Certified Legal Intern is a law student who has completed two years of school and who has received an Intern's License from the Ohio Supreme Court and can represent clients in court with supervision from a licensed attorney.
- I understand that even if my expungement is granted, certain employers and government agencies will still be able to see my criminal record on a background check.
- **I understand that it is MY responsibility to notify the Public Defender's Office if my phone number or address changes.**

*I have read and understood everything on this page.*

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Signature

## FINANCIAL DISCLOSURE FORM

(\$25.00 application fee may be assessed—see notice on reverse side)

### I. PERSONAL INFORMATION

Applicant's Name		D.O.B.	Name of Person Being Represented (If juvenile)		D.O.B.
Mailing Address			City	State	Zip Code
Case No.			Phone ( )	Cell Phone ( )	
SSN Last 4	Gender	Race <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> Spanish or Latino <input type="checkbox"/> White <input type="checkbox"/> Other			

### II. OTHER PERSONS LIVING IN HOUSEHOLD

Name	D.O.B.	Relationship	Name	D.O.B.	Relationship
1)			3)		
2)			4)		

### III. PRESUMPTIVE ELIGIBILITY

The appointment of counsel is presumed if the person represented meets any of the qualifications below. Please place an 'X'

Ohio Works First / TANF: \_\_\_ SSI: \_\_\_ SSD: \_\_\_ Medicaid: \_\_\_ Poverty Related Veterans' Benefits: \_\_\_ Food Stamps: \_\_\_

Refugee Settlement Benefits: \_\_\_ Incarcerated in state penitentiary: \_\_\_ Committed to a Public Mental Health Facility: \_\_\_

Other (please describe): \_\_\_\_\_ Juvenile: \_\_\_ (If juvenile, please continue at Section VIII)

### IV. INCOME AND EMPLOYER

	Applicant	Spouse <small>(Do not include spouse's income if spouse is alleged victim)</small>	Total Income
Gross Monthly Employment Income			
Unemployment, Worker's Compensation, Child Support, Other Types of Income			
<b>TOTAL INCOME</b>			<b>\$</b>
Employer's Name: _____ Phone Number: _____			
Employer's Address: _____			

### V. LIQUID ASSETS

Type of Asset	Estimated Value
Checking, Savings, Money Market Accounts	\$
Stocks, Bonds, CDs	\$
Other Liquid Assets or Cash on Hand	\$
<b>Total Liquid Assets</b>	<b>\$</b>

### VI. MONTHLY EXPENSES

Type of Expense	Amount	Type of Expense	Amount
Child Support Paid Out		Telephone	
Child Care (if working only)		Transportation / Fuel	
Insurance (medical, dental, auto, etc.)		Taxes Withheld or Owed	
Medical / Dental Expenses or Associated Costs of Caring for Infirm Family Member		Credit Card, Other Loans	
Rent / Mortgage		Utilities (Gas, Electric, Water / Sewer, Trash)	
Food		Other (Specify)	
<b>EXPENSES</b>	<b>\$</b>	<b>EXPENSES</b>	<b>\$</b>

### VII. DETERMINATION OF INDIGENCY

If applicant's Total Income in Section IV is at or below 187.5% of the Federal Poverty Guidelines, counsel must be appointed.

For applicants whose Total Income in Section IV is above 125% of the Federal Poverty Guidelines, see recoupment notice in Section XI.

If applicant's Liquid Assets in Section V exceed figures provided in OAC 120-1-03, appointment of counsel may be denied if applicant can employ counsel using those liquid assets.

If applicant's Total Income falls above 187.5% of Federal Poverty Guidelines, but applicant is financially unable to employ counsel after paying monthly expenses in Section VI, counsel must be appointed.

**VIII. \$25.00 APPLICATION FEE NOTICE**

By submitting this Financial Disclosure Form, you will be assessed a non-refundable \$25.00 application fee unless waived or reduced by the court. If assessed, the fee is to be paid to the clerk of courts within 7 days of submitting this form to the entity that will make a determination regarding your indigency. No applicant may be denied counsel based upon failure or inability to pay this fee.

**IX. APPLICANT CERTIFICATION**

I, \_\_\_\_\_ (applicant or alleged delinquent child) state:

1. I am financially unable to retain private counsel without substantial hardship to me or my family.
2. I understand that I must inform the public defender or appointed attorney if my financial situation should change before the disposition of the case(s) for which representation is being provided.
3. I understand that if it is determined by the county or the court that legal representation should not have been provided, I may be required to reimburse the county for the costs of representation provided. Any action filed by the county to collect legal fees hereunder must be brought within two years from the last date legal representation was provided.
4. I understand that I am subject to criminal charges for providing false financial information in connection with this application for legal representation, pursuant to Ohio Revised Code sections 120.05 and 2921.13.
5. I hereby certify that the information I have provided on this financial disclosure form is true to the best of my knowledge.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**X. JUDGE CERTIFICATION**

I hereby certify that the above-noted applicant is unable to fill out and/or sign this financial disclosure for the following reason: \_\_\_\_\_. I have determined that the party represented meets the criteria for receiving court-appointed counsel.

\_\_\_\_\_  
Judge's Signature

\_\_\_\_\_  
Date

**XI. NOTICE OF RECOUPMENT**

ORC §120.03 allows for county recoupment programs. Any such program may not jeopardize the quality of defense provided or act to deny representation to qualified applicants. No payments, compensation, or in-kind services shall be required from an applicant or client whose income falls below 125% of the federal poverty guidelines. See OAC 120-1-05.

Through recoupment, an applicant or client may be required to pay for **part** of the cost of services rendered, if he or she can reasonably be expected to pay. See ORC §2941.51(D)

**XII. JUVENILE'S PARENTS' INCOME\* – FOR RECOUPMENT PURPOSES ONLY – NOT FOR APPOINTMENT OF COUNSEL**

	Custodial Parents' Income (Do not include parents' income if parent or relative is alleged victim)	Total
Employment Income (Gross)		
Unemployment, Workers Compensation, Child Support, Other Types of Income		
	<b>TOTAL INCOME</b>	<b>\$</b>

\*Please complete Section VI on page 1 of this form if you would like the court to consider your monthly expenses when determining the amount of recoupment which you can reasonably be expected to pay.