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 (often called "expunging") a criminal record from Cuyahoga County Common Pleas Court.

To be eligible for expungement, a person can only have **one felony and one misdemeanor OR two misdemeanors** across their entire criminal record. Minor misdemeanors and most traffic offenses do not count. Although this is the most basic requirement, there are many other restrictions and exceptions. Because of this, the Public Defender cannot tell you right away if you are eligible for an expungement.

From start to finish, the expungement process usually takes 6-8 months.

Instructions:

Step One: Fill out the attached forms.

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

Cuyahoga County Public Defender's Office Attn: Expungement Application 310 W. Lakeside, Suite 200 Cleveland, OH 44113 (216) 443-7580, FAX (216) 443-6911

<u>Step Three:</u> The Public Defender's office will do a preliminary assessment of your eligibility for expungement.

We do a preliminary check of your criminal record using the information that you provide. We are not a law enforcement agency; we cannot run a full background check. Therefore, it is very important that the information you provide is accurate. List the names of all the court systems you have appeared. Please fill out the attached forms *completely*.

<u>Step Four:</u> Our office will notify you if we are able to assist you. If you appear to be eligible, we will tell you what the next steps are. If you are not, we will explain some alternative options.

Important Information on Fees:

The Cuyahoga County Public Defender's Office does not charge any fees for representing individuals in expungement proceedings. Our representation is provided for free. There are, however, two possible expenses that may be associated with filing an expungement motion.

1. Filing Fees to seal a criminal conviction

If you are filing to seal a **criminal conviction** (a case in which you either pleaded guilty or were found guilty via a trial), the Cuyahoga County Clerk of Courts imposes a \$50 filing fee for individuals who are not indigent. If you cannot afford the filing fee, the fee can be waived.

Thus, if you are trying to seal a conviction, you must either:

• Complete the attached **affidavit of indigency**, get it notarized, and return it with your application. If you would like our office to notarize your affidavit, you must appear in person. We cannot use an affidavit that is not properly notarized;

or,

- Indicate on the application that you **will pay the filing fee** to the Clerk's Office. DO NOT SEND ANY MONEY with the application. If we make a preliminary determination that you are eligible, we will advise you that a motion has been drafted and provide you instructions on how to pay the filing fee. Because our office does not handle money, you (or someone on your behalf) will need to file the motion in person and pay the filing fee.
 - 2. Optional Fee for handling of sealed records.

When you get your record expunged, the Court issues an order directing the government to seal your record so that most private individuals and companies cannot see the record. There are some employers, officials and agencies that are allowed by law to see sealed records.

After your record is sealed, it is promptly removed from government sources. However, private background check providers may be slower to update your records. The State of Ohio has contracted with a private company who will notify some, but not all, private background check companies that your record has been expunged and update the information in their system. The service offered by this private company is called the "Expedited Record Update Service."

You are not required to participate in the "Expedited Record Update Service" offered by the private company. If you want the service offered by this private company, you will need to pay a \$45 fee to the Clerk's Office at some point before your expungement motion is granted. We have been advised that this \$45 fee cannot be waived even if the applicant is indigent.

Our office has no relationship with the private company offering the "Expedited Record Update Service" and has no information on the effectiveness of the service. Your decision on whether or not to use this service will have no effect on the representation provided by our office.

Application for Representation

Date of Application:						
CONTACT INFOR	MATION					
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 Numb	er:	Date of Birth:				
What is the name and in touch with you?	l phone number of another p	person who we can leave a message with if we cannot get				
Name:	Phone number:					
INFORMATION A	BOUT YOUR CRIMINAL	L 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.						
Department to confir		ement, we must contact the Cuyahoga County Probation stitution (if ordered) were paid in your case. Do we have				
Do we have your permitted YES NO	mission to use a commercia	l background check service to run a background check?				
The agency will condu	act a brief confidential surve	formation to an outside agency if your record is expunged? ey to examine how an expungement might impact individual n whether you agree to this request or not.				
		CRIMINAL CONVICTIONS				
If you are applying to indicate one of the f		n (as opposed to a dismissed case or no bill), please				
I am	returning a notarized pove	rty affidavit to waive the \$50 filing fee				
		e Clerk of Courts after contacted by Public				

FINANCIAL DISCLOSURE / AFFIDAVIT OF INDIGENCY

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

		I. PERSONA	L INFOF	MATION				
Applicant's Name		D.O.B. Person Represented's		Represented's Name (if juvenile)	d's Name (if juvenile)			
Mailing Address			City		State	Zip Code		
ividining / walless			,					
Case No.			Phone		Cell Phone			
		()	()				
		II. OTHER PERSONS	LIVING	IN HOUSEHOLD				
Name	D.O.B.	Relationship	Name		D.O.B.	Relationship		
1)			3)					
2)			4)					
		III. PRESUMI						
The appointment of counsel is presun	ned if the per	son represented meets	s any of	the qualifications below. Please	olace an 'X'			
Ohio Works First / TANF: SSI:	SSD:	_ Medicaid: Pov	verty Re	lated Veterans' Benefits: Fo	od Stamps:	_		
Refugee Settlement Benefits: Inc	carcorated in	stato ponitontian <i>u</i> :	Com	mittad to a Dublic Montal Hoalth F	acility			
וווים שפועפווביון מפוופוונג וווי	carcerateu III	state perinteritiary	COIII					
Other (please describe):				Juvenile: <i>(if</i>	juvenile, please co	ontinue at Section VIII)		
		IV. INCOME	AND E	MPLOYER				
				Spouse				
		Applicant		(Do not include spouse's income if spouse is alleged victim)		Total Income		
Cross Monthly Employment Income								
Gross Monthly Employment Income								
Unemployment, Worker's Compensation Support, Other Types of Income	on, Child							
Support, Other Types of Income					TOTAL INCOME	Ś		
						7		
Employer's Name:				Phone Number:				
Employer's Address:								
Employer stradiess.								
Type of Asset		V. LIQI		mated Value				
•			\$	mateu value				
Checking, Savings, Money Market Acco	unts							
Stocks, Bonds, CDs			\$	\$				
Other Liquid Assets or Cash on Hand			\$	\$				
Total Liquid Assets \$								
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				Cuadia Cand Oak - 1				
Caring for Infirm Family Member				Credit Card, Other Loans				
Rent / Mortgage				Utilities (Gas, Electric, Water / Sev	ver, Trash)			
Food				Other (Specify)				
	EXPENSES	\$			EXPENSES	\$		

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 / Affidavit of Indigency 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 seven (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. AFFIDAVIT OF INDIGENCY					
l,		(applicant or alleged delinquent child) being duly sworn, state:					
1.	I am financially unable to retain	in private counsel without substantial hardship to me or my family.					
2.		rm the public defender or appointed attorney if my financial situation should change case(s) for which representation is being provided.					
3.	provided, I may be required to	inderstand that if it is determined by the county or the court that legal representation should not have been ovided, I may be required to reimburse the county for the costs of representation provided. Any action filed the county to collect legal fees hereunder must be brought within two years from the last date legal presentation was provided.					
4.		erstand that I am subject to criminal charges for providing false financial information in connection with oplication for legal representation, pursuant to Ohio Revised Code sections 120.05 and 2921.13.					
5.	I hereby certify that the information knowledge.	ation I have provided on this financial disclosur	e form is true to the best of my				
		Affiant's signature	Date				
		authorized to administer oath: ore me according to law, by the above named a at, County of					
	Signature of person administering oath	Title (example: Notary,	Deputy Clerk of Courts, etc.)				
		X. JUDGE CERTIFICATION					
I hereby certify that above-noted applicant is unable to fill out and / or sign this financial disclosure / affidavit for the following reason: I have determined							
that the party represented meets the criteria for receiving court-appointed counsel.							
			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							
	XII. JUVENILE S PARENTS II	Custodial Parents' Income (Do not include parents'	OR APPOINTMENT OF COUNSEL				
		income if parent or relative is alleged victim)	Total				
Emplo	yment Income (Gross)						
Unemployment, Workers Compensation, Child Support, Other Types of Income							
Crinu S	oupport, Other Types of Illcome	TOTAL INCOME	\$				
*Plea	Please complete Section VI on page 1 of this form if you would like the court to consider your monthly expenses when determining the						

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amount of recoupment which you can reasonably be expected to pay.