

Expungement Application Packet

If you cannot afford to hire your own attorney, the Lake County Public Defender may be able to assist you with sealing (often called “expunging”) a criminal record from Lake County Common Pleas Court and the Mentor, Painesville, and Willoughby Municipal Courts.

A person’s ability to seal a **criminal conviction** is determined by statute and depends on several factors including: 1) the type and offense level of the conviction sought to be sealed (not all convictions can be sealed); 2) the completion of the sentence (including payment all fines and restitution); 3) the time that has elapsed since completion of your sentence; and, 4) the entire criminal record of the applicant. **In particular, you cannot seal any conviction unless you have satisfied the entire sentence (including full payment of fines and restitution) or if you have any pending criminal cases (even misdemeanors).**


A person’s ability 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.

A person’s eligibility to have their record sealed 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 for expungement, the Public Defender cannot tell you right away if you are eligible and whether the Office will represent you. After submitting your application, you should expect to hear from us within 4 weeks about whether or not we are going to file to seal your record. **There are, however, several other steps in the expungement process and, from start to finish, that process usually takes 6 to 8 months.**

Instructions:

Step One: Fill out the attached forms.

Step Two: Return these forms to the Public Defender’s Office in person, by mail or email 

Lake County Public Defender’s Office
125 E. Erie St,
Painesville, Ohio 44077

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) if those cases took place outside of Lake County 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 Lake 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

Do we have permission to release your contact information to an outside agency if your record is expunged? The agency will conduct a brief confidential survey to examine how an expungement might impact individual lives. We will review and process your application whether you agree to this request or not.

YES NO

FILING FEE INFORMATION FOR CRIMINAL CONVICTIONS

If you are applying to seal a criminal conviction (as opposed to a dismissed case or no bill), please indicate one of the following:

I am returning a poverty affidavit to waive or reduce the filing fee

I will pay the filing fee to the Clerk of Courts after contacted by Public Defender's Office (**Do not include any money with the application**)

FINANCIAL DISCLOSURE FORM

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

I. PERSONAL INFORMATION

Applicant's Legal Name		Applicant's Preferred Name and Pronoun			D.O.B.
Mailing Address				City	
State	Zip Code	Case No.	Phone () -	Cell Phone () -	
SSN Last 4	Gender	Race (double-click to de-select)			
		American Indian or Alaska Native Spanish or Latino	Asian White	Black or African American Other	Native Hawaiian or Pacific Islander

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	\$	\$	\$
TOTAL INCOME			\$

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	\$
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 Caring for Infirm Family Member	\$	Credit Card, Other Loans	\$
Rent / Mortgage	\$	Utilities (Gas, Electric, Water / Sewer, 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 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

R.C. 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 R.C. 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	\$ _____	\$ _____
	TOTAL INCOME	\$ _____

*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.