FINDLAY MUNICIPAL COURT
PO BOX 826
FINDLAY, OHIO 45839
419-424-7143

CASE DESIGNATION FORM
(failure to complete this form may delay the processing of your claim)

Case Number:_____

1. Has this case been previously filed and dismissed? **Please check one.** **Yes** ☐ **No** ☐
If yes, please indicate court, case number and judge. Court_____ Case No. _____ Judge_____

2. Are there any related cases, pending or closed? **Please check one.** **Yes** ☐ **No** ☐
If yes, please indicate court, case number and judge. Court_____ Case No. _____ Judge_____

PURSUANT TO THE REQUIREMENTS AND SANCTIONS PROVIDED WITHIN RULE 11 OF THE OHIO RULES OF CIVIL PROCEDURE, I HEREBY CERTIFY THE ABOVE TO BE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

_____
Signature of Plaintiff or Attorney for Plaintiff

3. Will any parties need an interpreter to conduct any court proceedings? **Please check one.** **Yes** ☐ **No** ☐

If so, what type: _____

4. Is any party a minor? If so, who: _____

5. Do you believe that this case can be resolved through Mediation? **Please check one.** **Yes** ☐ **No** ☐

Plaintiff (include complete name, address and phone #)

_____
_____
_____
_____

Defendant (include complete name, address and phone #)

_____
_____
_____
_____

(If more space is necessary for additional parties, please use the reverse side of this form)

CIVIL CATEGORIES **PLACE AN (X) IN ONE CATEGORY ONLY**

	Accident Auto Damage – CVE		**Unpaid Wages/Commission - CVF**
	Intentional Tort – CVE		**Reimbursement – CVF**
	Personal Injury, Property Damage – CVE		**Compensatory/Punitive Damages - CVF**
	Account, Money Owed, Nonpayment of Services – CVF		**Unpaid Credit Card Debt - CVF**
	Bad Check, Dispute, Promissory Note – CVF		**Return of Security Deposit, Unpaid Damage – CVF**
	Breach of Warranty/Contract – CVF		**Replevin – CVF, CVH**
	Damage Due to Workmanship – CVF		**Small Claims – CVI**
	Default of Loan/Lease – CVF		**Eviction - CVG**
	Unpaid Taxes - CVF		**Other:**

Request for Regular Mail Service

If service of process by Certified Mail is returned by the Postal Authorities with an endorsement of "REFUSED" OR "UNCLAIMED" the undersigned waives notice of this by the Clerk and requests ordinary mail service is accordance with Civil Rule 4.6(C) or 4.6(D).

_____
Signature of Plaintiff or Attorney for Plaintiff

Attorney Information

_____
Attorney of Record (Please print or type)

_____
Ohio Supreme Court Number

_____
Address

_____
Firm Name

_____
City State Zip

_____
Telephone Number Fax Number