

Cleveland Municipal Court
Earle B. Turner, Clerk of Court

Designation Form to be used to indicate the Category of the Case
(Your failure to complete this form may delay the processing of your claim.)

Case No.

1. **Has this case been previously filed and dismissed?** Yes () No ()
 If yes, please indicate court, case number and judge. Court _____ Case No. _____ Judge _____
2. **Are there any related cases, pending or closed?** Yes () No ()
 If yes, please indicate court, case number and judge. Court _____ Case No. _____ Judge _____
(If more space is necessary, please use the reverse side of this form.)
3. **Is this a case under the Consumer Sales Practices Act (O.R.C. 1345.09(E))?** Yes () No ()
 If yes, ___ Declaratory Judgment; ___ Injunction; ___ Class Action
4. **Are ADA accommodations needed?** Yes () No () Please describe _____
5. **Is Interpreter requested** Yes () No () **Language / Dialect requested** _____

Plaintiff #1 (include complete name, address and phone #)

Defendant #1 (include complete name, address and phone #)

Phone No.

E-mail address

Phone No.

E-mail address

(For additional parties, please use the reverse side of this form.)

Civil Categories

Place (X) in one category only

<input type="checkbox"/> Tort-Motor Vehicle Accident-Property Damage	<input type="checkbox"/> Forcible Entry and Detainer (Eviction)
<input type="checkbox"/> Tort-Motor Vehicle Accident-Personal Injury	<input type="checkbox"/> a. Subject Property Address
<input type="checkbox"/> Tort-Motor Vehicle Accident-Prop. Damage & Personal Injury	<input type="checkbox"/> Ejectment, Recovery of Real Property
<input type="checkbox"/> Tort- vs. Property Owner	<input type="checkbox"/> a. Subject Property Address
<input type="checkbox"/> Tort- Product Liability	<input type="checkbox"/> Marshalling of Lien (foreclosure)
<input type="checkbox"/> Tort Miscellaneous	<input type="checkbox"/> a. Subject Property Address
<input type="checkbox"/> Libel and Slander	<input type="checkbox"/> Replevin
<input type="checkbox"/> Contract	<input type="checkbox"/> Account
<input type="checkbox"/> Promissory Note	<input type="checkbox"/> Small Claims
<input type="checkbox"/> Cognovit	<input type="checkbox"/> Housing Small Claim
<input type="checkbox"/> Equity	<input type="checkbox"/> 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 in accordance with Civil Rule 4.6(C) or 4.6(D).

 Signature of *Plaintiff* or *Attorney for Plaintiff*

Attorney Information

Atty. of Record (Please Print or Type)

Ohio Supreme Court No.

Address

Firm Name

City State Zip Code

Fax Number

()

Area Code and Telephone Number

E-Mail Address

Plaintiff #2 (include complete name, address and phone #)

Phone No. _____ E-mail address _____

Defendant #2 (include complete name, address and phone #)

Phone No. _____ E-mail address _____

Plaintiff #3 (include complete name, address and phone #)

Phone No. _____ E-mail address _____

Defendant #3 (include complete name, address and phone #)

Phone No. _____ E-mail address _____

Plaintiff #4 (include complete name, address and phone #)

Phone No. _____ E-mail address _____

Defendant #4 (include complete name, address and phone #)

Phone No. _____ E-mail address _____

(continued from Pg. 1) **1. Has this case been previously filed and dismissed?**

Court _____ Case No. _____ Judge: _____

Court _____ Case No. _____ Judge: _____

(continued from Pg. 1) **2. Are there any related cases, pending or closed?**

Court _____ Case No. _____ Judge: _____

Court _____ Case No. _____ Judge: _____

Other:

