

**Court of Common Pleas
Fairfield County, Ohio**

Plaintiff(s)

Case No: _____

vs.

Judge: _____

Defendant(s)

Civil Filing Categories

Please select which category best describes this action.

- | | |
|--|---|
| <input type="checkbox"/> Foreclosure | <input type="checkbox"/> Consumer Action |
| <input type="checkbox"/> Other Real Property | <input type="checkbox"/> Administrative Appeal |
| <input type="checkbox"/> Tort Action | <input type="checkbox"/> Board of Revision |
| <input type="checkbox"/> Medical Malpractice | <input type="checkbox"/> Unemployment |
| <input type="checkbox"/> Legal Malpractice | <input type="checkbox"/> Workers Compensation |
| <input type="checkbox"/> Other Malpractice | <i>Is employer self-insured?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> Product Liability | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Personal Injury | <input type="checkbox"/> Miscellaneous Civil: _____ |
| <input type="checkbox"/> Personal Injury- Auto | _____ |
| <input type="checkbox"/> Breach of Contract | |

Additional Case Information

Has this case been previously filed and dismissed? Yes No

If yes, please list previous case number and judge: _____

Date of Dismissal Entry or Notice of Dismissal: _____

Are there any related cases pending before the court? Yes No

If yes, please list case number(s) and assigned judge(s): _____

Is there a known conflict between any of the parties and the currently assigned judge that may require a transfer of the case or a visiting judge? Yes No

If yes, please explain: _____

Plaintiff's Attorney Information

Name: _____ Phone: _____

Address: _____

E-Mail: _____