## Court of Common Pleas Fairfield County, Ohio

vs.       Judge:         Defendant(s)         Civil Filing Categories Defendant(s)         Civil Filing Categories Defendant(s)         Civil Filing Categories Defendant(s)         Defendant(s)         Defendant(s)         Civil Filing Categories Defendant(s)         Defendant(s)         Defendant(s)         Civil Filing Categories Defendant(s)         Defendant(s)         Defendant(s)         Consumer Action         Onsumer Action         Onsumer Action         Board of Revision         Breadi Malpractice         Breadi flipury         Additional Case Information         Has this case been previous case number and judge:         Date o		Case No:
Defendant(s)         Civil Filing Categories         Please select which category best describes this action.         Foreclosure       Consumer Action         Other Real Property       Administrative Appeal         Tort Action       Board of Revision         Legal Malpractice       Unemployment         Other Malpractice       Is employer self-insured? I Yes INO         Product Liability       Other:         Personal Injury       Miscellaneous Civil:         Personal Injury. Auto       Miscellaneous Civil:         Date of Dismissal Entry or Notice of Dismissal:       Mo         If yes, please list previous case number and judge:       Date of Dismissal Entry or Notice of Dismissal:         Ate there any related cases pending before the court?       Yes INO         If yes, please list case number(s) and assigned judge(s):       Image:         Image:       Plaintiff's Attorney Information         Name:       Plaintiff's Attorney Information	Plaintiff(s)	
Civil Filing Categories         Please select which category best describes this action.	VS.	Judge:
Please select which category best describes this action.         Foreclosure       Consumer Action         Other Real Property       Administrative Appeal         Tort Action       Board of Revision         Hedical Malpractice       Unemployment         Legal Malpractice       Workers Compensation         Other Malpractice       Is employer self-insured?         Product Liability       Other:         Personal Injury       Miscellaneous Civil:         Personal Injury Auto       Miscellaneous Civil:         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:	Defendant(s)	
□ Other Real Property       □ Administrative Appeal         □ Tort Action       □ Board of Revision         □ Additional Case Information       □ Unemployment         □ Other Malpractice       □ Workers Compensation         □ Other Malpractice       □ Workers Compensation         □ Other Malpractice       □ Brendot feetinsured? □ Yes □ No         □ Product Liability       □ Other:         □ Personal Injury       □ Miscellaneous Civil:         □ Personal Injury- Auto		
□ Other Real Property       □ Administrative Appeal         □ Tort Action       □ Board of Revision         □ Medical Malpractice       □ Unemployment         □ Legal Malpractice       □ Workers Compensation         □ Other Malpractice       □ Workers Compensation         □ Other Malpractice       □ Workers Compensation         □ Other Malpractice       □ Workers Compensation         □ Product Liability       □ Other:	□ Foreclosure	Consumer Action
□ Tort Action       □ Board of Revision         □ Medical Malpractice       □ Unemployment         □ Legal Malpractice       □ Workers Compensation         □ Other Malpractice       □ Vorkers Compensation         □ Product Liability       □ Other:         □ Personal Injury       □ Miscellaneous Civil:         □ Personal Injury- Auto       □         □ Breach of Contract       Additional Case Information         Has this case been previously filed and dismissed?       □ Yes         □ Date of Dismissal Entry or Notice of Dismissal:		
□ Legal Malpractice       □ Workers Compensation         □ Other Malpractice       Is employer self-insured? □ Yes □ No         □ Product Liability       □ Other:		••
□ Legal Malpractice       □ Workers Compensation         □ Other Malpractice       Is employer self-insured? □ Yes □ No         □ Product Liability       □ Other:	Medical Malpractice	Unemployment
□ Other Malpractice       Is employer self-insured? □ Yes □ No         □ Product Liability       □ Other:	-	
□ Personal Injury       □ Miscellaneous Civil:         □ Personal Injury- Auto	<b>e</b> .	
□ Personal Injury- Auto         □ 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:	Product Liability	□ Other:
□ 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:	Personal Injury	Miscellaneous Civil:
Additional Case Information         Has this case been previously filed and dismissed?       Yes       No         If yes, please list previous case number and judge:	Personal Injury- Auto	
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:	Breach of Contract	
If yes, please list previous case number and judge:	Additior	nal Case Information
If yes, please list previous case number and judge:	Has this case been previously filed and d	lismissed? 🗆 Yes 🗆 No
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: Address:		
If yes, please list case number(s) and assigned judge(s):	Date of Dismissal Entry or Notice	of Dismissal:
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?  If yes, please explain:  Plaintiff's Attorney Information Name: Phone: Address:	Are there any related cases pending before	ore the court? $\Box$ Yes $\Box$ No
require a transfer of the case or a visiting judge?   If yes, please explain:  Plaintiff's Attorney Information Name: Phone: Address:	If yes, please list case number(s) a	and assigned judge(s):
Plaintiff's Attorney Information         Name:       Phone:         Address:	require a transfer of the case or a visiting	judge? 🗆 Yes 🗆 No
Name:      Phone:        Address:	If yes, please explain:	
Address:	Plaintiff's	Attorney Information
Address:	Name:	Phone: