FAIRFIELD COUNTY COURT OF COMMON PLEAS
224 E. Main Street, Lancaster, OH 43130

PERSONAL IDENTIFIER FORM
Pursuant to Rule 45 of the Rules of Superintendence
This form is not subject to public disclosure under Sup.R. 45(D)(2).

Case Number: _____

Please complete the following sections (if applicable) and use an additional page if needed.

☐**Plaintiff/Petitioner** ☐**Defendant/Respondent**		☐**Plaintiff/Petitioner** ☐**Defendant/Respondent**	
First Name:		**First Name:**	
Middle Name:		**Middle Name:**	
Last Name:		**Last Name:**	
Full SSN:		**Full SSN:**	
DOB:		**DOB:**	
Address:		**Address:**	
City:		**City:**	
State:	**Zip:**	**State:**	**Zip:**
Phone Number:		**Phone Number:**	
Email Address:		**Email Address:**	

☐**Plaintiff/Petitioner** ☐**Defendant/Respondent**		☐**Plaintiff/Petitioner** ☐**Defendant/Respondent**	
First Name:		**First Name:**	
Middle Name:		**Middle Name:**	
Last Name:		**Last Name:**	
Full SSN:		**Full SSN:**	
DOB:		**DOB:**	
Address:		**Address:**	
City:		**City:**	
State:	**Zip:**	**State:**	**Zip:**
Phone Number:		**Phone Number:**	
Email Address:		**Email Address:**	

Form completed/submitted by (check one): ☐**Plaintiff's/Petitioner's Attorney** ☐**Plaintiff/Petitioner**
☐**Defendant's/Respondent's Attorney** ☐**Defendant/Respondent**

Name:	
Address:	
City:	
State:	**Zip:**
Phone Number:	
Email Address:	