

IN THE COURT OF COMMON PLEAS OF DELAWARE COUNTY, OHIO

CLASSIFICATION FORM

CASE NO. _____

PLEASE INDICATE CLASSIFICATION INTO WHICH THIS CASE FALLS:

CIVIL

DOMESTIC RELATIONS

- | | |
|--|--|
| <input type="checkbox"/> Professional Tort ----- A | <input type="checkbox"/> Termination of Marriage, with children - A |
| <input type="checkbox"/> Product Liability ----- B | <input type="checkbox"/> Termination of Marriage, no children --- B |
| <input type="checkbox"/> Other Torts ----- C | <input type="checkbox"/> Dissolution of Marriage, with children -- C |
| <input type="checkbox"/> Workers Compensation ---- D | <input type="checkbox"/> Dissolution of Marriage, no children ---- D |
| <input type="checkbox"/> Foreclosure ----- E | <input type="checkbox"/> Change of Custody ----- E |
| <input type="checkbox"/> Administrative Appeal ----- F | <input type="checkbox"/> Visitation Enforcement/Modification ---- F |
| * Complex Litigation ----- G | <input type="checkbox"/> Support Enforcement/Modification ----- G |
| * Complex Litigation designation | <input type="checkbox"/> Domestic Violence ----- H |
| requires judicial approval. Sup. R. 42 | <input type="checkbox"/> U.I.F.S.A. ----- I |
| <input type="checkbox"/> Other Civil ----- H | <input type="checkbox"/> All Others ----- K |

PLEASE PRINT OR TYPE THE INFORMATION REQUESTED BELOW

DATE: _____

TRIAL ATTORNEY: _____

Ohio Supreme Court
Registration No.: _____

Address: _____

Telephone: _____

Fax Number: _____

Email Address: _____