

**MEDINA COUNTY DOMESTIC RELATIONS COURT
CONFIDENTIAL RECORD FILING COVER PAGE
Local Rule 10.05**

Date of Transmission _____

Case Information

Case Number _____

Case Caption _____

Sender Information:

Name _____

- I am the _____ in this Case
- I am the Attorney for _____ the _____
in this case. My Supreme Court Registration Number is _____
- Other _____

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I am submitting:

- Guardian ad Litem Report
- Drug Test Results
- Other _____
- Psychological/Custody Evaluation
- Drug/Alcohol Assessment
- Paternity Test Results

Sender Acknowledgements

- I have filed a Notice of Submission with the Clerk of Courts
- I am emailing this to mccc-drefiling@ohmedinaco.org
- I will provide a copy of this record to opposing counsel, counsel for the parties, or unrepresented parties, as required by the Ohio Rules or Local Rules

Signature of Attorney or Self Represented Person