

MEDINA COUNTY COURT OF COMMON PLEAS  
DOMESTIC RELATIONS DIVISION

NEW CASE DESIGNATION FORM

**INSTRUCTIONS:** Pursuant to Local Rule \_\_\_\_, this form must be completed and submitted with any new cause of action filed with the Medina County Clerk of Courts. **You must include an email address for any court correspondence.**

**Case type:** \_\_\_\_\_  
(children, Parentage, Visitation rights, Answer or Counterclaim)

**Plaintiff/Petitioner:**

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Last Name: \_\_\_\_\_ Suffix \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

DOB: \_\_\_\_\_ Telephone: \_\_\_\_\_

Email: \_\_\_\_\_  
(REQUIRED)

**Defendant/Respondent:**

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Last Name: \_\_\_\_\_ Suffix \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

DOB: \_\_\_\_\_ Telephone: \_\_\_\_\_

Email: \_\_\_\_\_  
(REQUIRED)

**Plaintiff/Petitioner's Attorney Information:** PRO SE

Attorney Name: \_\_\_\_\_

Attorney E-Mail (REQUIRED): \_\_\_\_\_

Ohio Sup.Ct. #: \_\_\_\_\_ Telephone: \_\_\_\_\_

Firm Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Defendant/Respondent's Attorney Information:** PRO SE

Attorney Name: \_\_\_\_\_

Attorney E-Mail (REQUIRED): \_\_\_\_\_

Ohio Sup.Ct. #: \_\_\_\_\_ Telephone: \_\_\_\_\_

Firm Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Child Information:**

1<sup>st</sup> Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

2<sup>nd</sup> Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

3<sup>rd</sup> Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

\_\_\_\_\_  
**Attorney for Party (or Pro se litigant)**