

**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 _____

Address _____

Phone Number _____ Fax Number _____

Email Address _____

Document Information:

Number of Pages (including this cover sheet) _____

I am submitting:

- | | |
|---|---|
| <input type="checkbox"/> Financial Records | <input type="checkbox"/> Application for Child Support Services |
| <input type="checkbox"/> Income/Expense Affidavit | <input type="checkbox"/> Property/Health Insurance Affidavit |
| <input type="checkbox"/> Affidavit in Support of Temporary Orders | <input type="checkbox"/> Responsive Temporary Support Affidavit |
| <input type="checkbox"/> Guardian ad Litem Report | <input type="checkbox"/> Psychological/Custody Evaluation |
| <input type="checkbox"/> Drug Test Results | <input type="checkbox"/> Drug/Alcohol Assessment |
| <input type="checkbox"/> Parenting Time Coordinator Report | <input type="checkbox"/> Paternity Test Results |
| <input type="checkbox"/> Other _____ | |

Sender Acknowledgements

- I have filed a Notice of Submission with the Clerk of Courts
- I am emailing this to medinadr@medinaco.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