

**IN THE COURT OF COMMON PLEAS
DIVISION OF DOMESTIC RELATIONS
BUTLER COUNTY, OHIO**

Plaintiff/1st Petitioner/Petitioner

Address

Case No. _____
Date _____

G110 - REQUEST TO REVIEW COURT COST

vs.

Defendant/2nd Petitioner/Respondent

Address

* * * * *

Now comes _____ to request that the Court review the billing invoice received from
Name of Party

the Clerk of Courts' Office in reference to their request for payment of Court fees and costs.

Signature of Party

The Court waives all fees and costs for the filing of this request for hearing to review court costs.

SO ORDERED

Judge

NOTICE OF HEARING

A hearing on the above Motion(s) will be held at the Butler County Domestic Relations Court, 315 High St, _____ floor, Hamilton, Ohio 45011 on _____ (date) at _____ am/pm before Judge _____.

After your document is filed, you must submit a file-stamped copy of the motion to the Case Management Office, or Domestic Violence Unit if it is a Domestic Violence case, no later than seven (7) business days after obtaining your hearing date. Any failure to comply with this provision will result in the Court vacating this hearing date and sending a notice to all parties (DR 29 (A) (4)).

SERVICE

CHECK ONLY ONE OF THE BOXES BELOW:

- To the Clerk: Please serve a copy of this Motion upon _____ (name of other party) at the address in the caption by certified mail as provided under Civil Rule 4.1(A).

OR

- To the Clerk: Please serve a copy of this Motion upon _____ (name of other party) at the following address _____ (address, including city, state & zip code) by personal service as provided under Civil Rule 4.1(B).