

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

Plaintiff/Petitioner/1st Petitioner

Address

Telephone

Date of Birth

Defendant/Respondent/2nd Petitioner

Address

Telephone

Date of Birth

Now comes, _____ and moves the Court for:

(Motion code - Name of Motion, if filing a motion.)

Please describe why you are filing the action and what you want the Court to do:

Case No: _____

Date: _____

MOTION FORM

For all the forgoing reasons, the movant requests the court grant relief.

Signature of filing party

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/Magistrate_____.

After your document is filed, you must submit a file-stamped copy of the motion to the Case Management Office, no later than ten (10) 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 31(A)(4)).

REQUEST FOR SERVICE

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 certified mail as provided under Civil Rule 4.1 (B).

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).

Signature of filing party