MARYELLEN O'SHAUGHNESSY
FRANKLIN COUNTY CLERK OF COURTS
JUVENILE DIVISION
373 South High Street
Columbus, Ohio 43215-4596

_____
In the matter of:
VS.

_____

Case no. _____

TO THE CLERK OF COURTS, YOU ARE INSTRUCTED TO MAKE:

____ CERTIFIED MAIL ____ REGISTERED MAIL
____ RESIDENCE SERVICE VIA SHERIFF OF _____ COUNTY
____ PERSONAL SERVICE VIA SHERIFF OF _____ COUNTY
____ PERSONAL SERVICE VIA PROCESS SERVER _____
____ SERVICE BY PUBLICATION _____ POSTING

PLEASE PRODUCE:

____ DEL SUMMONS ____ A/N/D SUMMONS ____ ADULT SUMMONS

UPON:

_____
(NAME)

_____
(ADDRESS)

_____

_____
(DESCRIPTION)

HEARING TYPE CODE: _____

MUST CHECK ONE:

_____ CLERK TO SET DATE
_____ FIRST AVAILABLE DATE
_____ WITHIN _____ (MIN) TO _____ (MAX) DAYS
_____ SCHEDULING CONFLICT. SENT TO ASSIGNMENT OFFICE FOR DATE.

_____ DATE ALREADY SCHEDULED
(IF SO, MUST FILL IN DATE)

HEARING DATE: _____ _____, 20____ AT _____ O'CLOCK ____.M.

AT 373 SOUTH HIGH STREET, 5TH FLOOR, COURTROOM _____
OR
AT 399 SOUTH FRONT STREET, COURTROOM _____

_____	_____	_____
COURT OFFICER	SUPREME COURT ID	PARTY REPRESENTED