

**IN THE COMMON PLEAS COURT OF MONTGOMERY COUNTY, OHIO
JUVENILE DIVISION**

IN THE MATTER OF:

JC# _____

JC# _____

JC# _____

Minor child(ren)

SETS _____

Judge _____

Magistrate _____

[Check One]

_____ Objection to Judge's Decision and
Magistrate's Order

_____ Motion to Set Aside Magistrate's
Interim Order

_____ Rule 60(A) Objection (Clerical Error)

_____ Motion to Remove Magistrate

[Type or print the specifics of your objection / motion below and on the following page. If you request a transcript, you may supplement (add to) this information after the transcript is completed.]

[illegible]

[Attach additional sheets if needed]

Respectfully Submitted,

Your Signature

Your Printed Name

Your Street Address

Your City, State, and Zip Code

Your Phone Number

Certificate of Service

I hereby certify that a copy of the foregoing was served on the following parties by certified mail, return receipt requested and / or by personal service on (file date) _____.

[THE PARTY FILING THIS DOCUMENT IS RESPONSIBLE FOR SERVING A COPY ON ALL PARTIES TO THE CASE AND PROVIDING PROOF OF SERVICE TO THE COURT.]

List names and complete addresses for all parties to be served. [Attach additional sheets if needed]

Other Party's Name

Additional Party's Name

Street Address

Street Address

City, State, Zip Code

City, State, Zip Code

☐ **If checked, please send Notice Only copy to:** *(check if case involves child support)*
Montgomery County CSEA, 1111 S. Edwin C. Moses Blvd., Dayton, OH 45417

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JUVENILE DIVISION**

IN THE MATTER OF:

		JC#
		JC#
		JC#
Minor child(ren)		

SETS _____

Judge _____

Magistrate _____

**MOTION REQUESTING TRANSCRIPT FOR
OBJECTION / MOTION TO SET ASIDE**

REQUEST:

I am requesting a transcript to be filed along with the [choose one]

_____ Objection _____ Motion to Set Aside

HEARING:

The transcript should be prepared for the hearing before _____
(Judge or Magistrate)

on _____ at _____ AM / PM
(Date of Hearing) (Time of Hearing)

PAYMENT:

[choose one]

_____ My case is not one of the cases listed below (Criminal, Children Services or Dependency); therefore, I understand that I am responsible for the cost of the transcript. I understand that the Court will issue an Entry granting or denying my transcript request. If the Court grants my transcript request, I understand that it is my responsibility to contact the Court Reporter and to pay for the transcript. I WILL COMPLETE THIS WITHIN 14 DAYS of the time stamped date on the Entry granting my transcript request.

_____ CRIMINAL / DEPENDENCY / CHILDREN SERVICES CASES ONLY

I am indigent. An affidavit has already been filed in this case, and I request that the transcript be provided at the state's expense.

NOTICES:

I understand that if I do not have a transcript prepared (OR PAID FOR), it will NOT be attached to my objections or motion to set aside. Without a transcript, the Court will accept the Magistrate's findings of fact to be true when deciding my case.

I understand that I may supplement my objection, in writing, within 14 days of the transcript being completed and filed.

Respectfully Submitted,

Your Signature

Your Printed Name

Your Street Address

Your City, State, and Zip Code

Phone Number

Email address