

**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 Magistrate's Decision  
and Judge'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.]

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



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, 25 Thorpe Drive, Dayton, OH 45420

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

IN THE MATTER OF:

\_\_\_\_\_ JC# \_\_\_\_\_  
\_\_\_\_\_ JC# \_\_\_\_\_  
\_\_\_\_\_ JC# \_\_\_\_\_  
Minor child(ren)

SETS \_\_\_\_\_  
Judge \_\_\_\_\_  
Magistrate \_\_\_\_\_

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

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**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,

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Your Signature

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Your Printed Name

---

Your Street Address

---

Your City, State, and Zip Code

---

Phone Number

---

Email address