

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

**IN THE MATTER OF:**

Case #: \_\_\_\_\_

\_\_\_\_\_  
Name

\_\_\_\_\_  
D.O.B.

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Phone #

**OBJECTION TO MAGISTRATE'S DECISION**  
[To be filed after case is completely over - Juv. R. 40(D)(3)(b)]

**MOTION TO SET ASIDE MAGISTRATE'S INTERIM ORDER**  
[To be filed while case is in progress - Juv. R. 40(D)(2)(b)]

I OBJECT to (State your objections and the reason):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Check this box if you want to order a transcript of the testimony from your hearing.

**REQUESTING PARTY WILL PAY TRANSCRIPT FEES**  
**UNLESS HE OR SHE HAS COURT APPOINTED COUNSEL**

Respectfully Submitted,

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Last Hearing Date: \_\_\_\_\_ Name of Hearing Officer: \_\_\_\_\_

**\*\* PRINT CLEARLY AND FILL OUT ALL THE INFORMATION REQUESTED \*\***



Case #: \_\_\_\_\_

**INSTRUCTIONS AND CERTIFICATION OF SERVICE**

**I CERTIFY THAT I MAILED/PRESENTED A COPY OF THIS OBJECTION/MOTION  
TO THE FOLLOWING INDIVIDUALS/PARTIES  
ON THE \_\_\_\_ of \_\_\_\_\_, 20\_\_.**

NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_

NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_

NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_

NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_

**I UNDERSTAND THAT IT IS MY RESPONSIBILITY TO PROVIDE A COPY OF MY  
OBJECTION/MOTION TO ALL PARTIES IN THIS CASE. FAILURE TO DO SO COULD  
RESULT IN DELAY OF THE COURT'S RULING AND/OR DISMISSAL OF THE  
OBJECTION/MOTION. CIVIL RULE 5(A).**

**I ALSO UNDERSTAND THAT IT IS MY RESPONSIBILITY TO PROVIDE FULL AND  
ACCURATE CONTACT INFORMATION FOR THE ABOVE-REFERENCED  
INDIVIDUALS/PARTIES. IF THE JUVENILE COURT CLERK IS NOT ABLE TO  
RELEASE CONTACT INFORMATION FOR CERTAIN INDIVIDUALS/PARTIES, I MAY  
REQUEST THAT THE JUVENILE COURT CLERK SEND A COPY TO THOSE  
INDIVIDUALS/PARTIES ON MY BEHALF.**

Signature: \_\_\_\_\_  
Printed Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_

**\*\* PRINT CLEARLY AND FILL OUT ALL THE INFORMATION REQUESTED \*\***