BEREA MUNICIPAL COURT, BEREA, OHIO

CIVIL / SMALL CLAIMS MOTION

Phone (440) 826-5860 Fax: (440) 891-3304

Case No. _____

Plaintiff _____

_____
Address

_____
City, State Zip Phone

vs.

Defendant_____

_____
Address

_____
City, State Zip Phone

MOTION for _____

_____

_____

_____

_____

_____

I hereby certify that a true copy of the foregoing was sent to all entitled parties by :___Regular U.S. Mail, ___Certified Mail, ___Personal Service or ___Certificate of Mail (Please check one) on:

DATE:_____ SIGNATURE _____

BY: _____ Date _____
Print Name

1. Generally, refer to Ohio Civil Rule
2. If the opposing party is represented by an attorney who has filed an appearance, service of this Motion **must** be made on the attorney, as well as the opposing party.