

STARK COUNTY COMMON PLEAS COURT
CIVIL DESIGNATION FORM

**PURSUANT TO LOCAL RULE 9.02, THIS FORM MUST BE FILLED OUT IN ITS ENTIRETY.
IF THIS FORM IS NOT FILLED OUT IN ITS ENTIRETY, THE COMPLAINT AND ALL
OTHER DOCUMENTS WILL BE RETURNED BY THE CLERK WITHOUT FILING.**

CASE NUMBER _____

PLAINTIFF

-vs-

DEFENDANT

Has this case been previously filed and dismissed? ___Yes ___No. If yes, list case no. and judge. _____

List all related pending case(s) including case number and judge. _____

CIVIL CATEGORIES: PLACE (X) IN ONE CATEGORY ONLY

- | | |
|---|---|
| <input type="checkbox"/> A. Professional Tort | <input type="checkbox"/> E. Foreclosure |
| <input type="checkbox"/> Medical Malpractice | |
| <input type="checkbox"/> Dental Malpractice | |
| <input type="checkbox"/> Optometric Malpractice | <input type="checkbox"/> F. Administrative Appeal |
| <input type="checkbox"/> Chiropractic Malpractice | |
| <input type="checkbox"/> Legal Malpractice | <input type="checkbox"/> G. Complex Litigation Classification Requested |
| <input type="checkbox"/> Other Malpractice | |
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| <input type="checkbox"/> B. Product Liability | <input type="checkbox"/> H. Other Civil |
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 | <input type="checkbox"/> Contract Case |
| <input type="checkbox"/> C. Other Tort | <input type="checkbox"/> Miscellaneous Civil |
| <input type="checkbox"/> Personal Injury | <input type="checkbox"/> Real Property |
| <input type="checkbox"/> Personal Injury- Auto | <input type="checkbox"/> Consumer Sales Practices Act |
| <input type="checkbox"/> Miscellaneous | <input type="checkbox"/> Credit Card Case |
|
 | |
| <input type="checkbox"/> D. Workers Compensation | |

Brief Factual Summary:

Description of damages including all special damages to date:

**Do you think this case should be referred to the Court Mediation Program at this time? ___Yes___No
Reasons:**

Is this case based on a violation of the Ohio Mortgage Broker Act (ORC 1322) ? ___ Yes ___ No

Firm Name (Print or Type)

Attorney of Record (Print or Type)

Address

Signature

Telephone
REV. 9/09

Attorney Registration Number