## IN THE PROBATE COURT OF LORAIN COUNTY, OHIO JAMES T. WALTHER, JUDGE

:

Plaintiff,

Case No.

-VS-

Defendant (s) et al.

## **REQUEST FOR ISSUANCE OF SUMMONS AND SERVICE**

(Civil Rules 4 through 4.6)

Please issue Summons and serve the Complaint to the following parties:

**ALL DEFENDANTS** at the address listed on the Complaint By **United States Certified Mail ;** By **United States Express Mail; Except as otherwise indicated below and if** the certified or express mail is returned UNCLAIMED or REFUSED, I request you then serve the defendant by ordinary mail with certificate of mailing pursuant to Civ. R. 4.6. (The Court may require an additional costs deposit to cover the costs of the express mail service.)

By commercial carrier service (specify carrier \_\_\_\_\_) the following defendants at the address listed on the Complaint \_\_\_\_\_ and if the service by commercial carrier is returned REFUSED, I request you then serve the defendant by ordinary mail with certificate of mailing pursuant to Civ. R. 4.6:

The Court may require an additional costs deposit to cover the costs of the commercial carrier service.

Service is not required on the following parties because Waivers have been filed, or will be filed for the following parties:

Loc.F. 1.1A

By Personal Service or Residential Service by Sheriff of	
County, Ohio, or by Special Process Server	on the
following parties:	

Name

Name

Address

Address

If service by Special Process Server is requested, the Motion and proposed Entry appointing the server must be provided to the Court. The requesting party is responsible for arranging for the process server to pick up the documents for service and for payment of the fees and mileage of the special process server.

By Publication on the following parties:

Civil Rule 4.4 requires that if any address is unknown then publication be made once each week for six consecutive weeks. Before service by publication can be made, the party or counsel shall file an Affidavit pursuant to Civ. R. 4.4(A)(1). The Court may require an additional cost deposit be made by the requestor to cover the publication costs.

Signature of Requestor

Type or Printed Name

Address

Phone

Sup. Ct. Registration Number

Loc.F. 1.1A