

**IN THE MUNICIPAL COURT OF AKRON
SUMMIT COUNTY, OHIO**

STATE OF OHIO, CITY OF AKRON

CASE NO: _____

V.

JUDGE: _____

DEFENDANT

MOTION

Signature: _____

Date: _____

Address: _____

Phone: _____

Email: _____

Please note this does not guarantee your request will be granted. Your motion will be given to the Judge with your file for consideration. When a decision has been made, you will be contacted by the Court.

Please file with the Akron Municipal Court Clerk's Office on the 1st floor

www.akronmunicipalcourt.org

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CASE NO: _____

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ORDER FOR: _____

ORDER GRANTED

ORDER DENIED

SEE JUDMENT ENTRY

JUDGE'S SIGNATURE: _____

DATE: _____