

## ATTORNEY NOTIFICATION FORM

### CASE INFORMATION

Date: \_\_\_\_\_

Case No: \_\_\_\_\_

Caption: \_\_\_\_\_ vs. \_\_\_\_\_

### ATTORNEY INFORMATION

Attorney Name: \_\_\_\_\_

Attorney Information: \_\_\_\_\_

Firm

Street Address

City, State, Zip

Phone Number

Fax Number

E-mail Address

Ohio Attorney Supreme Court No: \_\_\_\_\_

Address Change Only

Request Case Notification / Not

### ATTORNEY INFORMATION

Name of Client: \_\_\_\_\_  Plaintiff  Defendant

Name of Client: \_\_\_\_\_  Plaintiff  Defendant

Name of Client: \_\_\_\_\_  Plaintiff  Defendant

Name of Client: \_\_\_\_\_  Plaintiff  Defendant

Substituted for: \_\_\_\_\_ (if applicable)