

**WAIVER OF THE SERVICE OF SUMMONS
COURT OF COMMON PLEAS
HAMILTON COUNTY, OHIO**

CASE NO. _____

JUDGE: _____

-vs-

To _____ :

I have received your request to waive service of a summons in this action along with a copy of the complaint, two copies of this waiver form, and a prepaid means of returning one signed copy of the form to you.

I, or the entity I represent, agree to save the expense of serving a summons and complaint in this case before the Hamilton County Court of Common Pleas.

I understand that I, or the entity I represent, will keep all defenses or objections to the lawsuit, the court's jurisdiction, and the venue of the action, but that I waive any objections to the absence of a summons or of service.

I also understand that I, or the entity I represent, must file and serve an answer or a motion under Rule 12 within 60 days from _____, the date when this request was sent (or 90 days if it was sent outside the United States). If I fail to do so, a default judgment could be entered against me or the entity I represent.

In signing this form, I certify that I am: (Please check each line as applicable)

_____ Yes, I am a person who may be served pursuant to Civ. R. 4.2

_____ Yes, I am over 18 years of age and not under a disability

Name of party waiving service of summons: _____

Individual signing on behalf of party waiving service of summons:

Printed name: _____

Relationship to party waiving service of summons: _____

Signature: _____

Address: _____

E-mail address: _____

Telephone number: _____

If party signing on behalf of party waiving service is an attorney, please also provide:

Ohio Bar Number: _____

Current Law Firm Affiliation: _____

Do you intend to represent the party waiving service in this proceeding?

Please circle:

Yes

No