

## **PRO SE REQUEST FOR EXPEDITED HEARING**

Pursuant to Rules of the Ohio Supreme Court, the Judges/Magistrates of this Court cannot receive any ex parte evidence from any party in this matter.

Attached is a Request for Expedited Hearing. Please complete this form, **BRIEFLY** explaining why you feel an expedited hearing is appropriate. **DO NOT** include any evidence in your explanation.

The Court will review your request and you will be notified of your hearing date and time by mail, or phone if there is insufficient time to provide notice by mail.

***\*\*\*Any concern for the safety or well being of the minor child(ren) should be reported to the Tuscarawas County Department of Job and Family Services (330)339-7791.***

Instructions for filling out the Request for Expedited Hearing:

- #1-3: Fill in the original caption of your case.
- #4: Fill in your name.
- #5: Fill in the Motion/Complaint that you want set for expedited hearing.
- #6: Fill in the date the Motion/Complaint was filed.
- #7: Fill in the reason you feel an expedited hearing is necessary. DO NOT include any evidence. Your explanation should be short and to the point.
- #8: Your signature.
- #9: Your phone number.
- #10: Fill in the parties that need to be served (both parents and anyone involved in the original case must be served with this Request).

**Confidential Information Page  
Juvenile Court**

Please complete the following information. You do not need to make copies of this page, but you must submit this form when filing ANY document that includes social security numbers or financial account numbers. This will allow the court to have needed demographic information without it being released to the other parties on your case.

**\*\*\*This form – which will include complete social security numbers – will be kept in a confidential envelope in your file and will not be available for public viewing.**

On your filing (not this form), you must only place the last four digits of the social security number or the account number (in each area required). It should appear in this format: xxx-xx-1234. Addresses and Dates of Birth may only be omitted if you present a valid protection order, or proof under the Family Violence Act.

Case No. \_\_\_\_\_

Case Caption: \_\_\_\_\_

SETS No. (if applicable): \_\_\_\_\_

**Plaintiff/Petitioner #1**

**Defendant/Respondent #1**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Name

DOB: \_\_\_\_\_

DOB: \_\_\_\_\_

SSN: \_\_\_\_\_ (complete number)

SSN: \_\_\_\_\_ (complete number)

\_\_\_\_\_  
Address

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
City State Zip

**Plaintiff/Petitioner #2**

**Defendant/Respondent #2**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Name

DOB: \_\_\_\_\_

DOB: \_\_\_\_\_

SSN: \_\_\_\_\_ (complete number)

SSN: \_\_\_\_\_ (complete number)

\_\_\_\_\_  
Address

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
City State Zip

**Minor Children:**

Child #1:

\_\_\_\_\_  
Name  
DOB: \_\_\_\_\_  
SSN: \_\_\_\_\_

Child #2:

\_\_\_\_\_  
Name  
DOB: \_\_\_\_\_  
SSN: \_\_\_\_\_

Child #3:

\_\_\_\_\_  
Name  
DOB: \_\_\_\_\_  
SSN: \_\_\_\_\_

Child #4:

\_\_\_\_\_  
Name  
DOB: \_\_\_\_\_  
SSN: \_\_\_\_\_

**Additional Parties:**

\_\_\_\_\_  
Name  
DOB: \_\_\_\_\_  
SSN: \_\_\_\_\_ (complete number)

\_\_\_\_\_  
Name  
DOB: \_\_\_\_\_  
SSN: \_\_\_\_\_ (complete number)

\_\_\_\_\_  
Address  
\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
Address  
\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
Name  
DOB: \_\_\_\_\_  
SSN: \_\_\_\_\_ (complete number)

\_\_\_\_\_  
Name  
DOB: \_\_\_\_\_  
SSN: \_\_\_\_\_ (complete number)

\_\_\_\_\_  
Address  
\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
Address  
\_\_\_\_\_  
City State Zip

Additional Information (ex. COMPLETE Financial Account Numbers, Employer ID numbers):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

STATE OF OHIO, TUSCARAWAS COUNTY, SS:  
IN THE COURT OF COMMON PLEAS  
JUVENILE DIVISION

(1) \_\_\_\_\_

CASE NO. (2) \_\_\_\_\_

Plaintiff

vs.

(3) \_\_\_\_\_

**REQUEST FOR EXPEDITED HEARING**

Defendant

I, (4) \_\_\_\_\_, do hereby request the Court set the

(5) \_\_\_\_\_ filed on (6) \_\_\_\_\_

for expedited hearing. I feel that an expedited hearing is necessary for the following

reason: (7) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

(8) \_\_\_\_\_

(9) \_\_\_\_\_

Phone number

cc: (10) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_