

Erie County Municipal Court 150 W. Mason Road Milan, Ohio 44846 Telephone: 419-499-4689 Email: ECMC@eriecounty.oh.gov <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> State of Ohio vs.	COURT USE ONLY
DEFENDANT:	Case Number:
MOTION TO _____	

I request the Court to:

For the following reasons: (include any applicable law or relevant facts you want the Court to consider. Attach additional pages if needed.)

Date: _____

Signature of Defendant

Address

City, State and Zip Code

Telephone Number

Email

Certification

(You must complete this section and do one of the following)

I certify that I have sent a copy of this document to the prosecutor assigned to my case on the date written above by: (check one)

leaving a copy in the prosecutor's box at the Courthouse (only select this option if you are filing this form in person)

depositing a copy in the U.S. mail, first class, postage prepaid, to _____

Signature of Defendant