

Erie County Municipal Court 150 W. Mason Road Milan, Ohio 44846 Telephone: 419-499-4689 Email: ECMC@eriecounty.oh.gov _____ State of Ohio vs. DEFENDANT:	 <div style="text-align: center;">COURT USE ONLY</div> 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)

_____ faxing a copy to _____ (fax number)

_____ emailing a copy to _____ (email address)

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

Signature of Defendant