

APPENDIX B
FAX FILING FORMS

FAX FILING COVER PAGE

RECIPIENT INFORMATION:

NAME OF COURT: _____

FAX NUMBER: _____

SENDING PARTY INFORMATION:

NAME: _____

SUPREME COURT
REGISTRATION NO. (if applicable): _____

OFFICE/FIRM: _____

ADDRESS: _____

TELEPHONE NO. _____

FAX NUMBER: _____

E-MAIL ADDRESS (if available): _____

CASE INFORMATION:

TITLE OF THE CASE: _____

CASE NUMBER*: _____

TITLE OF THE DOCUMENT: _____

JUDGE*: _____

FILING INFORMATION:

DATE OF FAX TRANSMISSION: _____

NUMBER OF PAGES (including this page): _____

STATEMENT EXPLAINING HOW COSTS ARE BEING SUBMITTED, IF APPLICABLE:

*If a judge or case number has not been assigned, please state that fact in the space provided.

**IN THE COURT OF COMMON PLEAS
WOOD COUNTY, OHIO**

JOHN SMITH, Plaintiff,

v.

Case No.: 1234567

BILL JONES, Defendant.

Judge _____ *(in the alternative a notation here that the case is not yet assigned)*

PLAINTIFF SMITH'S NOTICE OF FILING EXHIBIT "G"
TO
PLAINTIFF SMITH'S RESPONSE TO DEFENDANT'S MOTION TO DISMISS

Plaintiff Smith, through counsel, hereby files Exhibit "G" to Plaintiff Smith's Response to Defendant's Motion to Dismiss. The referenced pleading was filed by facsimile transmission with the Court on [date]. Exhibit "G" could not be accurately transmitted by fax and is therefore being timely filed as a separate document with the Court pursuant to Local Rule XX.X.

Respectfully Submitted,

Attorney Name (Sup. Crt. Reg. No.)
Office/Firm
Address
Telephone
Facsimile
E-mail

Counsel for Plaintiff John Smith

CERTIFICATE OF SERVICE

I certify that a copy of this Notice of Filing Exhibit "G" was sent by ordinary U.S. mail on [date] to counsel for defendant Bill Jones, [name and address of recipient].

Attorney Name
Counsel for Plaintiff John Smith