

**IN THE MUNICIPAL COURT OF AKRON
SUMMIT COUNTY, OHIO**

STATE OF OHIO, CITY OF AKRON

V.

CASE NO: _____

JUDGE _____

DEFENDANT

MOTION FOR REQUEST

Defendant's signature

Date: _____

Address

Phone

Email

Please note this does not guarantee your request will be granted. Your motion will be given to the Judge with your file for consideration. When a decision has been made, you will be contacted by the Court.
Please file with the Akron Municipal Court Clerk's Office on the 7th floor