IN THE MUNICIPAL COURT OF AKRON
SUMMIT COUNTY, OHIO

STATE OF OHIO, CITY OF AKRON **CASE NO:** _____

V. **JUDGE:** _____

_____ **MOTION**
DEFENDANT

_____

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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 1st floor

www.akronmunicipalcourt.org 330 375-2570

08/2026

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SUMMIT COUNTY, OHIO

STATE OF OHIO, CITY OF AKRON

V.

_____
DEFENDANT

CASE NO:_____

JUDGE:_____

DATE:_____

ORDER FOR: _____

☐ ORDER GRANTED

☐ ORDER DENIED

☐ SEE JUDGMENT ENTRY

JUDGE'S SIGNATURE:_____

DATE: _____