



**Division of Court Services**

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Phone: (614) 410-4920 Fax: (614) 761-6598

TIME STAMP

State of Ohio  
County of Franklin /Delaware/Union  
City of Dublin

vs.

Mayor's Court  
Case Number \_\_\_\_\_

**NOTICE OF APPEARANCE OF COUNSEL**

The undersigned hereby enters his/her appearance as counsel of record in the above-style case.

\_\_\_\_\_  
Defendant's Attorney (signature)

\_\_\_\_\_  
Date

\_\_\_\_\_  
ATTORNEY'S NAME (PRINT)

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
CITY, STATE, ZIP CODE

\_\_\_\_\_  
TELEPHONE NUMBER

\_\_\_\_\_  
FAX NUMBER

\_\_\_\_\_  
E-MAIL ADDRESS

\_\_\_\_\_  
SUPREME COURT REGISTRATION NUMBER