

IN THE MUNICIPAL COURT OF SIDNEY, OHIO

STATE OF OHIO/CITY OF SIDNEY

PLAINTIFF

CASE NUMBER \_\_\_\_\_

VS.

\_\_\_\_\_  
DEFENDANT

\_\_\_\_\_  
ADDRESS

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

\_\_\_\_\_  
PHONE NUMBER

**MOTION FOR** \_\_\_\_\_

Please provide a detailed explanation of your request below:

(A doctor's note MUST accompany a medical excuse)

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I HEREBY CERTIFY THAT A TRUE COPY OF THE FOREGOING WAS SENT TO ALL ENTITLED PARTIES BY:

(PLEASE CHECK ONE)      ☐ Regular U.S. Mail    ☐ Certified Mail    ☐ Personal Service or    ☐ Certificate of Mail

DATE OF SERVICE: \_\_\_\_\_

Service of this Motion MUST be made on the Prosecuting Attorney

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE SIGNED