

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

Please provide a detailed explanation of your request below:

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

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