

STARK COUNTY COMMON PLEAS COURT  
CIVIL DESIGNATION FORM

**PURSUANT TO LOCAL RULE 9.02, THIS FORM MUST BE FILLED OUT IN ITS ENTIRETY.  
IF THIS FORM IS NOT FILLED OUT IN ITS ENTIRETY, THE COMPLAINT AND ALL  
OTHER DOCUMENTS WILL BE RETURNED BY THE CLERK WITHOUT FILING.**

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

PLAINTIFF

-VS-

DEFENDANT

**Has this case been previously filed and dismissed? \_\_\_\_ Yes \_\_\_\_ No. If yes, list case no. and judge.** \_\_\_\_\_

**List all related pending case(s) including case number and judge.** \_\_\_\_\_

**CIVIL CATEGORIES: PLACE (X) IN ONE CATEGORY ONLY**

☐ A. Professional Tort  
    ☐ Medical Malpractice  
    ☐ Dental Malpractice  
    ☐ Optometric Malpractice  
    ☐ Chiropractic Malpractice  
    ☐ Legal Malpractice  
    ☐ Other Malpractice

☐ E. Foreclosure

☐ F. Administrative Appeal

☐ G. Complex Litigation Classification Requested

☐ B. Product Liability

☐ H. Other Civil

☐ C. Other Tort  
    ☐ Personal Injury  
    ☐ Personal Injury- Auto  
    ☐ Miscellaneous

☐ Contract Case  
☐ Miscellaneous Civil  
☐ Real Property  
☐ Consumer Sales Practices Act  
☐ Credit Card Case

☐ D. Workers Compensation

**Brief Factual Summary:**

**Description of damages including all special damages to date:**

**Do you think this case should be referred to the Court Mediation Program at this time? \_\_ Yes \_\_ No**  
**Reasons:**

**Is this case based on a violation of the Ohio Mortgage Broker Act (ORC 1322) ? \_\_\_\_ Yes \_\_\_\_ No**

\_\_\_\_\_  
Firm Name (Print or Type)

\_\_\_\_\_  
Attorney of Record (Print or Type)

\_\_\_\_\_  
Address

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Telephone  
REV. 9/09

\_\_\_\_\_  
Attorney Registration Number