

**COURT OF COMMON PLEAS  
JUVENILE DIVISION  
CUYAHOGA COUNTY, OHIO**

In the Matter of: \_\_\_\_\_ Case Number: \_\_\_\_\_  
(Child's name)  
 Pending Court Date (if applicable): \_\_\_\_\_ Judge: \_\_\_\_\_

**INSTRUCTIONS FOR SERVICE**

**Pursuant to Juvenile Rule 16 and Civil Rule 4.1, for all first requests for service, the Clerk of Court will serve a copy of your filing to the parties listed by certified mail, unless an alternate service method is selected from the options provided. Service requests by other methods, or additional service requests on parties, may incur further fees. Upon subsequent requests for service the Clerk of Court will only serve by the method selected below.**

**Choose ONE service type per name and address:**

Certified Mail (Check box if primary address)  Name: \_\_\_\_\_  
 Ordinary Mail Address: \_\_\_\_\_  
 Personal Service \_\_\_\_\_  
 Residential Service (City) (State) (Zip Code)  
 Publication (affidavit required)

Certified Mail (Check box if primary address)  Name: \_\_\_\_\_  
 Ordinary Mail Address: \_\_\_\_\_  
 Personal Service \_\_\_\_\_  
 Residential Service (City) (State) (Zip Code)  
 Publication (affidavit required)

Certified Mail (Check box if primary address)  Name: \_\_\_\_\_  
 Ordinary Mail Address: \_\_\_\_\_  
 Personal Service \_\_\_\_\_  
 Residential Service (City) (State) (Zip Code)  
 Publication (affidavit required)

Certified Mail (Check box if primary address)  Name: \_\_\_\_\_  
 Ordinary Mail Address: \_\_\_\_\_  
 Personal Service \_\_\_\_\_  
 Residential Service (City) (State) (Zip Code)  
 Publication (affidavit required)

**PLEASE BE ADVISED THAT IF YOU INCLUDE MULTIPLE ADDRESSES FOR THE SAME PERSON, THE ADDRESS WILL NOT BE UPDATED IN OUR SYSTEM. YOU MUST COMPLETE A CHANGE OF ADDRESS FORM, WHICH CAN BE FOUND IN THE CLERK'S OFFICE OR ON THE COURT'S WEBSITE: [www.juvenile.cuyahogacounty.us](http://www.juvenile.cuyahogacounty.us)**

**PLEASE IDENTIFY THE COMPLAINT OR MOTION THAT YOU WISH TO HAVE SERVED IN THE SPACE BELOW OR ATTACH A COPY TO THIS FORM.**

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Petitioner Name-Printed

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Attorney Name-Printed

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Signature Date

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Signature Date

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Address

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Address

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City State Zip Code

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City State Zip Code

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Phone Number

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Phone Number

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E-mail address

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E-mail address