

Court of Claims of Ohio

Ohio Judicial Center
65 South Front Street, Third Floor
Columbus, Ohio 43215
614. 387.9800 or 1.800.824.8263

(1) _____
plaintiff's name age

Case Number _____
insert assigned case number

(2) _____
street address

(3) _____
city state zip

(4) _____
telephone (business) area code

(5) _____
telephone (home) area code

NOTE: if you move or change telephone numbers you must give
the Court written notice of the new address or telephone number

(6) _____
defendant state department, board, commission, etc.

(7) _____
street address

(8) _____
city state zip

The defendant listed in 6 above through its agent(s)

(9) _____
fill in name(s) and title(s) of the agents if known, if unknown state unknown

did on or about (10) _____ (11) _____ M.
fill in date state approximate hour

(12) Describe in ordinary language the basis of the claim (see instructions)

(AMENDED) FORM COMPLAINT

COURT OF CLAIMS OF OHIO

(16) I (circle the appropriate word or phrase)/have/do not have/ insurance coverage for the injury, damage or loss with the

(17) _____
fill in company name and address and policy number

The policy has a (18) \$ _____ deductible provision. (19) I (circle the appropriate word or phrase)/have/have not/ received insurance payment(s) in the amount of (20)\$ _____ as a result of the incident described above. (see instructions).

I ask the Court to grant a judgment in the amount stated in blank (14).

If the amount exceeds \$2,500.00 the Court may required that civil rules complaint be filed.

Under the penalties of perjury and falsification, I state that I have read or had read to me the above complaint and that it is true. Further, I expressly waive, on behalf of myself and of any person who shall have any interest in this claim, all provisions of law forbidding any physician or other person who has heretofore attended or examined me, or who may hereafter attend or examine me from disclosing any knowledge or information which they thereby acquired.

(21) _____
signature of plaintiff (see instructions)

BE SURE TO INCLUDE FILING FEE AND TO GIVE THE COURT WRITTEN NOTICE OF ADDRESS CHANGES (see Instructions)

NOTE: Plaintiff need not have an attorney. If plaintiff files the complaint without an attorney, plaintiff completes Blank (21). If plaintiff files through an attorney, plaintiff signs Blank (21) and the attorney signs Blank (22) and completes Blanks (23) through (25).

Pursuant to Civil Rule 11, I state I have read the above complaint; that to the best of my knowledge, information, and belief there is good ground to support it; and that it is not interposed for delay.

(22) _____
signature of plaintiff's attorney

(23) _____
street address

(24) _____
city state zip

(25) _____
telephone area code

