

IN THE ASHLAND MUNICIPAL COURT, ASHLAND, OHIO  
SMALL CLAIMS DIVISION

\_\_\_\_\_  
Name

Plaintiff(s)/Judgment Creditor(s)

Case No. \_\_\_\_\_

-vs-

**MOTION FOR JUDGMENT DEBTOR  
DISCLOSURE FORM**

\_\_\_\_\_  
Name

Defendant(s)/Judgment Debtor(s)

NOW COMES the judgment creditor (or the attorney for the judgment creditor, if applicable), and, pursuant to Ohio Revised Code Section 1925.13(B), it having been at least thirty (30) days since Judgment was entered and with said Judgment remaining unsatisfied, hereby moves the Court for an Order requiring the judgment debtor, \_\_\_\_\_, to complete and file with the Ashland Municipal Court, 1209 East Main Street, Ashland, Ohio, 44805, (419) 281-4890, a judgment debtor disclosure form.

Name and Address of Judgment Debtor

The judgment creditor (or the attorney for the judgment creditor, if applicable) requests that service be made upon the judgment debtor at the address set forth above by the following:

- CERTIFIED U.S. MAIL.** Included in the **\$50.00 per judgment debtor** filing fee. A court clerk will send the Motion for Judgment Debtor Disclosure Form, Order for Judgment Debtor Disclosure Form, two (2) copies of the Judgment Debtor Disclosure Form, and any accompanying documents to the judgment debtor at the above address by certified U.S. mail.
- PERSONAL/RESIDENCE SERVICE.** An additional fee of **\$50.00** is required. A court bailiff will attempt to perfect personal/residence service of the judgment debtor disclosure form documents at the above address.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Plaintiff(s)/Judgment Creditor(s) Signature(s)

\_\_\_\_\_  
Plaintiff(s)/Judgment Creditor(s) Name(s) (Please Print)

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
Phone Number                      Fax Number

\_\_\_\_\_  
Email Address

**OR**

\_\_\_\_\_  
Attorney Signature

\_\_\_\_\_  
Attorney Name                      Attorney Reg. #

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
Phone Number                      Fax Number

\_\_\_\_\_  
Email Address