IN THE FRANKLIN COUNTY MUNICIPAL COURT COLUMBUS, OHIO

	, :	
Plaint	iff (Landlord), :	Case No.
v.	:	
	:	
	dant (Tenant). :	
	<u>ON AND AFFIDAVI</u> RECORD FROM ON	T TO REMOVE EVICTION VLINE ACCESS
I,case. In this case, a complain	, am a p	party / interested party in the above-captioned d and:
□ a judgment for evid	ction was granted again	nst me, or someone else.
□ judgment for evicti	on was denied and/or	the complaint for eviction was dismissed.
The presumption of a for the following reason(s):	llowing public access	to this case is outweighed by a higher interest
☐ I had fully moved case at the time the co		s in possession of, the property at issue in this
☐ I had fully moved of eviction was granted.	out from the property a	t issue in this case at the time the judgment for
□ I was legally a min	or at the time the comp	plaint was filed.
☐ There is an identity	issue.	
☐ The public's access	s to this eviction case r	ecord is a significant hardship for me.
□ Other:		

The following is a true and accurate detailed description of the reason(s) the presumption of allowing public access to this case is outweighed by the higher interest stated above.
The following documentation or other evidence, described below, supports my applicatio I have attached a true and accurate copy of the same, which I hereby incorporate by reference.
For the reasons stated in this application, I request that the court restrict public access this case pursuant to Sup.R. 45(E) and the Court's inherent authority.
AFFIDAVIT IN SUPPORT OF MOTION
I,, declaring to be a resident of the state of Ohio and County of, do hereby affirm and certify that I am competent to give the following declaration based on my personal knowledge, unless otherwise stated, and that the facts in this application at true to the best of my knowledge.
Defendant
STATE OF OHIO, COUNTY OF FRANKLIN SS:
Sworn to and subscribed in my presence this day of, 20
Notary Public

CERTIFICATE OF SERVICE

I certify that a copy of this document was mailed to:

Name of Opposing Part	ty's Attorney (or Opposing Party if there is no attorney,	
by regular United States Mail to:		
Street Address		
	City, State, Zip Code	
 Date		
	Signature	
	Print Name	
	Street Address City, State, Zip code	
	Telephone Number	
	Email Address	