

PATASKALA MAYOR'S COURT

621 W BROAD STREET
PATASKALA, OHIO 43062
PH- 740-927-3361 FAX 740-927-0228

REQUEST TO TRANSFER

State of Ohio
County of Licking
City of Pataskala

Vs.

Defendant

Case Number

I _____, the undersigned hereby request the above referenced case to be transferred to the Licking County Municipal Court. I understand upon transfer that I will be arraigned and receive my next appearance notification from the Licking County Municipal Court.

Further, I realize that by signing below I am being released on my own recognizance pending my next court hearing at the Licking County Municipal Court by virtue of my signature. Be it known that violating a Recognizance Bond is punishable by enforcement of up to six months incarceration in a State Corrections Facility and a \$1,000 fine for each offense. Failure to appear upon notice of the Licking County Municipal Court will result in an arrest warrant being issued.

Defendant Signature

Attorney

Address

Address

City

State

Zip

City

State

Zip

Phone

Phone

SUPREME COURT CODE

TO CHECK THE STATUS OF YOUR TRANSFER CASE
Licking County Municipal Court
www.lcmunicipalcourt.com
740-670-7800