

MARY L. SWAIN



CLERK OF COURTS

**REQUEST FOR COPIES
COURT OF COMMON PLEAS, BUTLER COUNTY, OHIO**

Name: _____

Address: _____

City: _____ State _____ Zip _____

Phone: _____ Fax: _____

Date: _____ Case No.: _____

Case Caption: _____ V. _____

Documents requested to be copied	Cost	Regular	Certified
_____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
_____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
_____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
_____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
_____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
_____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
_____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
_____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>

Mail requests to: Butler County Clerk of Courts
Legal Division
315 High Street, Suite 550
Hamilton, Ohio 45011

Fax requests to: (513) 887-3966