**IN THE COURT OF APPEALS**

**NINTH JUDICIAL DISTRICT**

**\_\_\_\_\_\_\_\_ COUNTY, OHIO**

 ) C.A. No.

 )

 )

 )

1. )

) NOTICE OF WAIVER

 ) OF ORAL ARGUMENT

 )

 )

 )

 This case is scheduled for oral argument on at .

 (Date) (Time)

 , who is the , hereby waives

(Name of Party) (Party Designation)

oral argument.

 (Party or Attorney Signature)

 (Name and Address)

## PROOF OF SERVICE

#  I certify that a copy of this Notice of Waiver of Oral Argument was served upon the

# following counsel and/or parties by on :

 (Manner of Service) (Date of Service)

(Names and addresses of persons served)

 (Party or Attorney Signature)