

**IN THE COURT OF APPEALS
NINTH JUDICIAL DISTRICT
_____ COUNTY, OHIO**

)	C.A. No. _____
)	
v.)	
)	
)	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)