

**HAMILTON COUNTY JUVENILE COURT, OHIO**

Support/Paternity list **Plaintiff v Defendant**  
Custody/Visitation/Delinquent list **child(ren)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

CASE NUMBER \_\_\_\_\_

**NOTICE OF APPEARANCE/INSPECTION OF RECORD**

**See Hamilton County Juvenile Court Local Rule 9 for further guidance.**

\_\_\_\_\_ The undersigned attorney hereby states that he/she is the attorney of record and enters an appearance for \_\_\_\_\_, a party in this case.

\_\_\_\_\_ RECORD INSPECTION PENDING POSSIBLE REPRESENTATION: The undersigned attorney hereby states that \_\_\_\_\_, is a party to this case and that the attorney has been authorized by that party to inspect the record.

\_\_\_\_\_ My paralegal, \_\_\_\_\_, is further authorized by me to inspect the record on my behalf.

\_\_\_\_\_ The undersigned is a parent, guardian, custodian, next of kin if deceased or a Guardian ad Litem for any child or party to the proceeding.

The social security number, financial account numbers, and the names of children subject to a dependency, neglect or abuse action may be contained in the file you are requesting. This personal information is being provided with the understanding that you and/or your agency have a professional or legal duty to require accurate identification. In order to protect against unauthorized use of personal information, you are requested to redact or destroy any such names or numbers if they are not necessary for your needs or when they are no longer needed.

Attorney's Name: \_\_\_\_\_ Signature \_\_\_\_\_

E-mail: \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

Attorney Registration Number \_\_\_\_\_ Date \_\_\_\_\_