

# COURT OF CLAIMS OF OHIO

The Ohio Judicial Center  
65 South Front Street, Third Floor  
Columbus, OH 43215  
614. 387.9800 or 1.800.824.8263

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## CONFIRMATION OF ATTENDANCE

Applicant \_\_\_\_\_ Claim Number V \_\_\_\_\_

I will attend the oral hearing

I will not attend the oral hearing

scheduled for my claim on \_\_\_\_\_ 20 \_\_ \_\_ , at \_\_\_\_\_ am/pm  
insert date insert time

\_\_\_\_\_  
signature of applicant

\_\_\_\_\_  
date