

**IN THE COURT OF CLAIMS OF OHIO**

\_\_\_\_\_  
Claimant Name

Case No. \_\_\_\_\_

v.

\_\_\_\_\_  
State Agency or Department

Motion for Court Review

On \_\_\_\_\_(date) the Clerk made a decision about my claim.

I disagree with the Clerk's decision for the following reasons:

\_\_\_\_\_  
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Signature of Claimant