THE SUPREME COURT of OHIO County Treasurer Request for Reimbursement of State Share of Acting Judge and Assigned Judge Compensation

County Name		Quarter and Y	Quarter and Year		
Judge	Court	Total Number of Days Worked During Quarter	Total Compensation Paid During Quarter	State Share of Compensation Paid During Quarter	
	1				
		<u> </u>			
	1				
	<u> </u>	-			
	<u> </u>	<u> </u>			
Grand Totals					
Attach additional sheets if necessary. Attach judge affidavit(s).					
Verification					
I hereby certify that the information provided in this request for reimbursement is true and accurate and that the compensation amounts shown above were paid to the judge(s) for services provided during the quarter pursuant to R.C. 1901.121 or R.C. 1907.141, as applicable.					
County Treasurer Signature		Date	Date		
County Treasurer Name (Please print)		Contact Name and Phone Number (May be a person other than the county treasurer)			

Send signed original to:

Office of Fiscal Resources The Supreme Court of Ohio 65 South Front Street, 7th Floor Columbus, Ohio 43215-3431