

**IN THE COURT OF COMMON PLEAS
PROBATE DIVISION
MEDINA COUNTY, OHIO
JUDGE KEVIN W. DUNN**

Case Number: _____
Name of Case: _____

Payments are due upon receipt. For Credit Card Payments, complete this form and mail to the Court. A 3% Processing Fee will be added.

Medina County Probate Court
Attention: Accounts Receivable
225 East Washington Street, 4th Floor
Medina, OH 44256



Visa and MasterCard accepted

Billing Information

First Name	Last Name
Address	City State
Zip	Phone ()

Card Information

Credit Card #		
Card Type VISA / MASTERCARD	Expiration Month ____ Year ____	Security Code/CVV _____
Name On Card		

I _____, **authorize Medina County Probate Court to debit**
\$ _____ **PLUS 3% from my account using the above information that I provided.**
(Minimum Amount: \$10)

Cardholder's Signature

If your address has changed, complete this portion and sign.

New Address	City State
Zip	Phone ()

____ I authorize address changes to be made in all cases where I am named in any capacity.

Signature _____