

**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.**

Medina County Probate Court  
Attention: Accounts Receivable  
225 East Washington Street, 4<sup>th</sup> 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  
\$ \_\_\_\_\_ 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 \_\_\_\_\_