

**Barberton Municipal Court**  
**576 West Park Avenue, Room 205**  
**Barberton, Ohio 44203**  
**(330) 861-7192**  
[www.cityofbarberton.com/clerkofcourts](http://www.cityofbarberton.com/clerkofcourts)

**REQUEST FOR HEARING**

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

Date: \_\_\_\_\_

I dispute the claim for possession of my personal earnings in the above case and request that a hearing in this matter be held not later than twelve (12) days after delivery of this request to the court.

I \_\_\_\_\_ believe that the need for the hearing is an emergency.  
(Insert "Do" or "Do Not")

I dispute the claim for the following reasons: (optional)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**I understand that no objections to the judgment itself will be considered at the hearing.**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Judgment Debtor (Print)

\_\_\_\_\_  
Signature

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**Warning: If you do not deliver this request for hearing or a request in a substantially similar form to the office of the Clerk of this Court within five (5) business days of your receipt of it, you waive your right to a hearing, and some of your personal earnings will continue to be paid to \_\_\_\_\_, in satisfaction of your debt**  
(Judgment Creditor's Name)  
**to the Judgment Creditor.**