

# Court of Appeals of Ohio

TENTH APPELLATE DISTRICT  
FRANKLIN COUNTY  
COURTHOUSE  
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## ORAL ARGUMENT CD REQUEST FORM

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Case Number: \_\_\_\_\_

Date of Oral Argument: \_\_\_\_\_ No. requested: \_\_\_\_\_

Name of party requesting copy: \_\_\_\_\_

Name of Law Firm: (if applicable): \_\_\_\_\_

Address: \_\_\_\_\_  
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