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

Name			Quarte	r and Year			
County			Check	Check which is applicable:			
				ved as an acting judge appointed			
Attorney Registration Number			□ 1 5€	ved as an assigned judge assigne	ed by the Crilei Justic	e.	
For each day in the guarter in which you received	d componention t	for indicial cont	iss plagga li	the less the count(a) data(a) of work and	d the hourse) worked (in	holo hour	
For each day in the quarter in which you received increments). Ple				s and attach additional sheets, if necessa		Whole hour	
Court	Date of Work	Hours Worked	Cou	rt	Date of Work	Hours Worked	
Grand Total Hours Worked During Quarter							
Attach copies of all applicable Certificates of Assignment or presiding judge entries of appointment.							
Affidavit							
I hereby swear or affirm that I received compensation for judicial service for the date(s) and hour(s) shown above. If I served as an acting judge appointed pursuant to R.C. 1901.121 or R.C. 1907.141, I swear or affirm that I have registered as such with the Supreme Court of Ohio's Commission on Continuing Legal Education in accordance with Gov.Bar R. X, Section 10.							
Acting or Assigned Judge Signature			Date	Date			
Phone Number			Ema	il			
Sworn to and subscribed before me this	day c	of		, 20			
				Clerk/Notary Public			