

FILING FEE CREDIT CARD FORM

SUPREME COURT OF OHIO

CREDIT CARD FILING FEE FORM

This form provides the Clerk’s Office with the necessary information to process a new appeal or new original action and charge the one-hundred (\$100) dollar filing fee, and one-hundred (\$100) dollar security deposit, if applicable, to the credit card you have provided. Please note that you are responsible for providing correct information that is clear and legible. Incorrect or illegible information, or rejected credit cards, may result in Clerk’s Office rejecting your notice of appeal thus divesting the Supreme Court of jurisdiction or rejection of your original action. You may wish to contact the Clerk’s Office to confirm that we were able to file your original action or timely file in your appeal. The phone number is (614) 387-9530.

NAME AS IT APPEARS ON THE CREDIT CARD: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

CASE CAPTION: \_\_\_\_\_

(Please use the caption and prior case number as provided on the entry that you are appealing)

CREDIT CARD NUMBER: \_\_\_\_\_

EXPIRATION DATE: \_\_\_\_\_ CORPORATE CARD: \_\_\_ YES \_\_\_ NO

CARD TYPE: Master Card \_\_\_ Visa \_\_\_ American Express \_\_\_ Discover \_\_\_

TELEPHONE NUMBER: \_\_\_\_\_

**Please provide a number at which you can be reached from 8 a.m. to 5 p.m. Monday through Friday. The number will be used if the information you provided is incorrect or illegible. If we are unable to reach you and the charge is not accepted for any reason the appeal or original action will not be filed thus possibly divesting the Supreme Court of jurisdiction to consider your case.**

\_\_\_\_\_ \$100 Filing Fee            OR            \_\_\_\_\_ \$100 Filing Fee and \$100 Security Deposit

By initialing the appropriate line above and signing and dating below you authorize the Clerk’s Office to deduct the specified required to initiate an appeal or original action with the Ohio Supreme Court from the credit card provided.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**PLEASE NOTE THAT IT IS THE CLERK’S OFFICE POLICY TO DESTROY THIS FORM IMMEDIATELY UPON THE FILING OF THE CASE.**