



7) There are no cases connected to the above-captioned Court of Claims case which are pending in any other court. (Check if true) . (Note: This form must be completed and filed even if there are no cases connected to the above-captioned Court of Claims case pending in any other court.)

**PART II. Statement of Existence of Connected CLAIMS OTHER THAN COURT CASES.** The following is a statement of the existence of all claims connected to the above-captioned case which are pending in any bureau, board, commission, or agency other than a court. (If there are no claims connected to the above-captioned Court of Claims case pending in any bureau, board, commission or agency, please indicate in blank 13 below. If more than one connected claim is pending in any bureau, board, commission or agency, please provide all the information requested concerning those claims on an additional sheet.)

8) The bureau, board, commission, or agency in which the connected claim is pending is:

Name: Not applicable.

Address: not applicable.

9) The claim number or other identifying number of the connected claim is: N/A

10) The caption of the connected claim is: N/A

11) The initial filing date of the connected claim was: N/A

12) The nature of the connected claim is: Not applicable.

13) There are no claims connected to the above-captioned Court of Claims case which are pending in any bureau, board, commission or agency. (Check if true) . (Note: This form must be completed and filed even if there are no claims connected to the above-captioned Court of Claims case pending in any bureau, board, commission or agency.)

I certify that I have read and understand L.C.C.R. 15(C) and the contents of this form. I understand that I am charged with a continuing duty to notify the Clerk of the Court of Claims if I file or learn of a case in any other court which is connected to the above-captioned action filed in the Court of Claims, or if I file or learn of a claim, action, or application for relief in any bureau, board, commission or agency which is connected to the above-captioned claim filed in the Court of Claims.)

I further certify that I have served a completed copy of this form to the Attorney General and all other parties pursuant to Civ. R. 5.

 12-14-13  
Signature and Date

Bem D. Itiavkase  
Name

5960 Sunridge dr  
Address

Cincinnati OH 45229