



COURT OF CLAIMS OF OHIO

ORIGINAL

The Ohio Judicial Center
65 South Front Street, Third Floor
Columbus, OH 43215
614. 387.9800 or 1.800.824.8263
www.cco.state.oh.us

STATEMENT OF THE EXISTENCE OF CONNECTED ACTIONS,
REQUIRED BY L.C.C.R. 15(C)
MAILED BY THE CLERK OF THE COURT OF CLAIMS
ON MARCH 6, 2015

JAMES R. THAXTON, JR.

Case No. 2015-00160

Plaintiff

V.

OHIO STATE UNIVERSITY WEXNER
MEDICAL CENTER

Defendant

FILED
COURT OF CLAIMS
OF OHIO
2015 MAR 13 AM 10:56

I certify that to the best of my knowledge, the following is a comprehensive statement of the existence of all connected cases, claims, or applications, which are based on essentially the same facts as those alleged in the complaint or petition for removal of the above-captioned Court of Claims case, and which are pending in any other court, bureau, board, commission, or agency.

PART I. Statement of Existence of Connected Court Cases. The following is a statement of the existence of all cases connected to the above-captioned case which are pending in courts other than the Court of Claims of Ohio. (If there are no cases connected to the above-captioned case pending in courts other than the Court of Claims of Ohio, please indicate in blank 7. If more than one case is pending in other courts, please provide all the information requested concerning those cases on an additional sheet.)

1) The name of the court in which the connected case is pending is:

2) The named defendants are: A) _____

B) _____

C) _____

D) _____

E) _____

(Any additional defendants should be listed on an additional sheet.)

3) The case number of the connected case is: _____

4) The caption of the connected case is: _____

5) The initial filing date of the connected case was: _____

6) The name of the judge assigned to the connected case is: _____

ON COMPUTER

7) There are no cases connected to the above-captioned Court of Claims case which are pending in any other court. (Check if true) xxx. (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: _____

Address: _____

9) The claim number or other identifying number of the connected claim is: _____

10) The caption of the connected claim is: _____

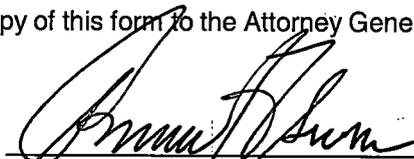
11) The initial filing date of the connected claim was: _____

12) The nature of the connected claim is: _____

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) xxx. (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.



Signature and Date
RICHARD F. SWOPE #000605
Swope and Swope-Attorneys at Law

Name
6480 E. Main St., St. 102
Reynoldsburg, OH 43068

Address

CERTIFICATE OF SERVICE

I hereby certify that a copy of the foregoing Statement of the Existence of Connected Actions was served upon the Attorney General of the State of Ohio, Court of Claims Defense Section, 150 East Gay Street, 18th Floor, Columbus, Ohio 43215-3130, by regular U.S. mail, postage prepaid, on the 11th day of March, 2015.



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FAX (614) 864-5553

March 11, 2015

The Court of Claims of Ohio
Attn: Clerk of Courts
65 South Front Street, Third Floor
Columbus, Ohio 43215

Re: *James R. Thaxton v. Ohio Dept. of Rehab. & Corr.*
Case No. 2015-00160

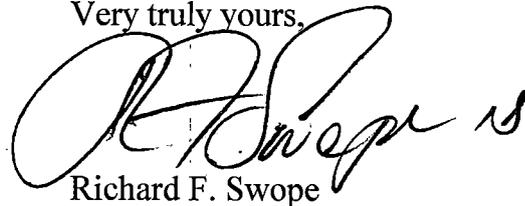
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Dear Sir or Madam:

Please find enclosed an original and two copies of a Statement of the Existence of Connected Actions we wish to file with the Court. We would appreciate your filing the same and returning a file-stamped copy in the enclosed self-addressed envelope. /cc

Thank very much you for your cooperation.

Very truly yours,


Richard F. Swope

RFS/sr
Enclosures
cc: client