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Case Summary

Case Number:	A 0302244
Court:	Common Pleas Civil
Case Caption:	TYRA DUNCAN vs. WOMENS MEDICAL PROFESSIONAL
Judge:	BETH A MYERS
Filed Date:	03/24/2003
Case Type:	A345 - PROF TORT- MEDICAL MALPRACTICE & JURY DEMAND
Total Deposits:	\$445.00 Credit
Total Costs:	\$183.00



Case History

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Date	Description	Amount	Doc	Image#
06/18/2004	COSTS PAID BY AND CHECK ISSUED TO: PHILIP EDWARD PITZER	262.00		
06/16/2004	NOTICE OF VOLUNTARY DISMISSAL WIHTOUT PREJUDICE			
06/14/2004	WAIVER OF SERVICE OF SUMMONS AND COMPLAINT BY DEFENDANT HASKELL			
06/14/2004	WAIVER OF SERVICE OF SUMMONS AND COMPLAINT BY DEFT HASKELL			
06/02/2004	WAIVER OF SERVICE OF SUMMONS AND COMPLAINT BY DEFENDANT LUMPKIN			
05/13/2004	SECOND MOTION OF PLAINTIFF FOR ADDITIONAL TIME TO RESPOND TO MOTION FOR SUMMARY JUDGEMENT			
05/05/2004	NOTICE OF PLAINTIFF TYRA DUNCAN'S DISCOVERY DEPOSITION			
04/30/2004	MOTION OF PLTF FOR ADDITIONAL TIME TO CONDUCT DISCOVERY			
04/22/2004	MOTION OF PLTF FOR ADDITIONAL TIME TO RESPOND TO MOTION FOR SUMMARY JUDGMENT OF DEFTS			
04/12/2004	MOTION OF DEFENDANTS WOMEN'S MEDICAL PROFESSIONAL CORPORATION AKA THE WOMEN'S MED CENTER AKA THE WOMEN'S MED-CENTER OF CINCINNATI AND WMM HASKELL, M.D. FOR SUMMARY JUDGMENT			
04/12/2004	LETTER FROM CHEEK & ZEEHANDLAR			
04/09/2004	NOTICE OF ADDITIONAL COUNSEL HOJNOSKI FOR D-3			
03/12/2004	NOTIFICATION FORM FILED.			
03/12/2004	NOTICE OF SUBSTITUTION OF COUNSEL FOR DEFTS HOUSTON L LUMPKIN III MD AND HOUSTON L LUMPKIN III MD INC GOLDWASSER FOR NOT LISTED			
12/03/2003	AGREED ENTRY EXTENDING DEADLINE OF DEFENDANTS' TO DISCLOSURE THEIR EXPERTS			
08/19/2003	NOTICE OF SUBSTITUTION OF COUNSEL (OLIPHANT FOR DEF WOMEN'S MED PROF CORP)			
08/04/2003	NOTICE OF SUBSTITUTION OF COUNSEL (OLIPHANT FOR DEF WOMEN'S MED PROF. CORP)			
08/04/2003	NOTIFICATION FORM FILED.			
06/30/2003	CASE SCHEDULING ORDER			26

Date	Description	Amount	Doc	Image#
06/30/2003	JUDGE ASSIGNED CASE ASSIGNED TO MYERS/BETH/A PRIMARY			
06/30/2003	JUDGE REASSIGNED CASE TRANSFERRED FROM TAYLOR/ROBERT PRIMARY			
04/15/2003	ANSWER OF HOUSTON L. LUMPKIN, III, M.D. INC. AND HOUSTON L. LAMPKIN III, TO COMPLAINT OF PLAINTIFF.			
04/14/2003	NOTIFICATION FORM FILED.			
04/14/2003	DEFENDANTS WOMEN'S MEDICAL PROFESSIONAL CORPORATION A/K/A THE WOMEN'S MED CENTER A/K/A THE WOMEN'S MED CENTER A/K/A THE WOMEN'S MED + CENTER OF CINCINNATI AND W. M. M. HASKELL, M.D.'S ANSWER TO COMPLAINT WITH JURY DEMAND ENDORSED HEREON			
03/31/2003	POSTAL RECEIPT RETURNED, COPY OF SUMMONS AND COMPLAINT DELIVERED TO WOMENS MEDICAL PROFESSIONAL CORP AKA THE ON 03/27/03, FILED			
03/31/2003	POSTAL RECEIPT RETURNED, COPY OF SUMMONS AND COMPLAINT DELIVERED TO WMM HASKELL MD DIRECTOR WOMENS MEDICAL P ON 03/27/03, FILED			
03/28/2003	POSTAL RECEIPT RETURNED, COPY OF SUMMONS AND COMPLAINT DELIVERED TO HOUSTON L LUMPKIN III MD INC HOUSTON L L ON 03/27/03, FILED			
03/26/2003	JUDGE ASSIGNED CASE ROLLED TO TAYLOR/ROBERT PRIMARY			
03/25/2003	SUMMONS ISSUED BY CERTIFIED MAIL TO HOUSTON L LUMPKIN III MD INC HOUSTON L LUMPKIN III MD			
03/25/2003	SUMMONS ISSUED BY CERTIFIED MAIL TO WMM HASKELL MD DIRECTOR WOMENS MEDICAL PROFESSIONAL CORP AKA THE WOMEN			
03/25/2003	SUMMONS ISSUED BY CERTIFIED MAIL TO WMM HASKELL MD DIRECTOR WOMENS MEDICAL PROFESSIONAL CORP AKA THE WOMEN			
03/25/2003	SUMMONS ISSUED BY CERTIFIED MAIL TO HOUSTON L LUMPKIN III MD INC HOUSTON L LUMPKIN III MD			
03/25/2003	SUMMONS ISSUED BY CERTIFIED MAIL TO WOMENS MEDICAL PROFESSIONAL CORP AKA THE WOMENS MED CENTER AKA THER WO			
03/25/2003	SUMMONS ISSUED BY CERTIFIED MAIL TO WOMENS MEDICAL PROFESSIONAL CORP AKA THE WOMENS MED CENTER AKA THER WO			
03/25/2003	CERTIFIED MAIL SERVICE ISSUED TO WOMENS MEDICAL PROFESSIONAL CORP AKA THE WOMENS MED CENTER AKA THER WO			
03/25/2003	CERTIFIED MAIL SERVICE ISSUED TO HOUSTON L LUMPKIN III MD INC HOUSTON L LUMPKIN III MD			
03/25/2003	CERTIFIED MAIL SERVICE ISSUED TO WMM HASKELL MD DIRECTOR WOMENS MEDICAL PROFESSIONAL CORP AKA THE WOMEN			
03/24/2003	COMPLAINT & JURY DEMAND FILED			
03/24/2003	CASE DEPOSIT & JURY DEMAND BY PHILIP EDWARD PITZER	445.00-		
03/24/2003	CLASSIFICATION FORM FILED.			

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