

IN THE COURT OF COMMON PLEAS
DOMESTIC RELATIONS **Division**

MONTGOMERY **COUNTY, OHIO**

IN THE MATTER OF:

A Minor

Plaintiff

Street Address

City, State and Zip Code

vs.

Defendant

Street Address

City, State and Zip Code

:

:

Case No. _____

:

:

Judge _____

:

:

Magistrate _____

Instructions: This form is used to be legally recognized as the parent of the child, be named as the residential parent, or obtain visitation with the child(ren). The Parenting Proceeding Affidavit (Uniform Domestic Relations Form - Affidavit 3), Affidavit of Financial Disclosure, Instructions for Service and Application for IV-D Services must be filed with this Complaint.

**COMPLAINT FOR PARENTAGE, INSTRUCTIONS FOR SERVICE &
APPLICATION FOR IV-D SERVICES,
ALLOCATION OF PARENTAL RIGHTS AND RESPONSIBILITIES (CUSTODY), AND
PARENTING TIME (COMPANIONSHIP AND VISITATION)**

1. I, _____ (name), am the Plaintiff and parent of the following child(ren):

Name of Child	Date of Birth
_____	_____
_____	_____
_____	_____
_____	_____

2. Defendant, _____ is the parent of the child(ren).

3. The child(ren) has/have resided in _____ County, Ohio since _____ (date residence established) as set out in the Parenting Proceeding Affidavit (Uniform Domestic Relations Form - Affidavit 3).

4. A parent-child relationship has been established for the following child(ren):

<u>NAME OF CHILD</u>	<u>DATE OF BIRTH</u>	
_____	_____	<input type="checkbox"/> Acknowledgement of Paternity
_____	_____	<input type="checkbox"/> Administrative Order
_____	_____	<input type="checkbox"/> Court Order
_____	_____	<input type="checkbox"/> Acknowledgement of Paternity
_____	_____	<input type="checkbox"/> Administrative Order
_____	_____	<input type="checkbox"/> Court Order
_____	_____	<input type="checkbox"/> Acknowledgement of Paternity
_____	_____	<input type="checkbox"/> Administrative Order
_____	_____	<input type="checkbox"/> Court Order

5. A parent-child relationship has not been established for the following child(ren):

<u>NAME OF CHILD</u>	<u>DATE OF BIRTH</u>
_____	_____
_____	_____
_____	_____
_____	_____

6. No court has issued an order of parenting or support about the following child(ren):

<u>NAME OF CHILD</u>	<u>DATE OF BIRTH</u>
_____	_____
_____	_____
_____	_____
_____	_____

7. The following child(ren) is/are subject to an existing order of parenting of support of another Court:

NAME OF CHILD DATE OF BIRTH

8. I request that the Court (check all that apply):

Order genetic testing and determine the parent of the child(ren).

Name _____ (parent's name) as the parent of the child(ren) _____

_____ (child(ren)'s name).

Correct the child(ren)'s birth certificate to indicate the child(ren)'s parent.

Name the Plaintiff Defendant (select one) as the residential parent and legal custodian of the child(ren).

Grant reasonable parenting time (visitation) to the parent.

Change the child(ren)'s name to _____

Adopt the proposed Shared Parenting Plan for the child(ren) which is attached.

Order the appropriate amount of child support for the child(ren), allocate the income tax dependency exemption for the child(ren), and determine who should provide health insurance coverage for the child(ren).

Order the Ohio Department of Health to prepare (a) new birth certificate(s) for the child(ren).

Other (specify): _____

Your Signature

Telephone number at which the Court may reach you
or at which messages may be left for you