

IN THE COURT OF COMMON PLEAS

DIVISION

COUNTY, OHIO

IN THE MATTER OF:

A Minor

Name

Street Address

City, State and Zip Code

Case No.

Judge

Magistrate

Plaintiff

vs.

Name

Street Address

City, State and Zip Code

Defendant

WARNING: This form is not a substitute for the benefit of the advice of legal counsel. It is highly recommended that you consult an attorney.

Instructions: This form is used to establish parentage of the child(ren), be designated as the residential parent, or obtain parenting time (companionship and visitation) with the child(ren). A Request for Service (Uniform Domestic Relations Form 31), a Parenting Proceeding Affidavit (Uniform Domestic Relations Form - Affidavit 3) and an Affidavit of Basic Information, Income and Expenses (Uniform Domestic Relations Form - Affidavit 1) must be filed with this Complaint. The Court may require additional forms to accompany this document. You must check the requirements of the county in which you file. **YOU MUST UPDATE THE CLERK OF COURTS IF ANY OF THE ABOVE CONTACT INFORMATION CHANGES.**

**COMPLAINT FOR PARENTAGE,
ALLOCATION OF PARENTAL RIGHTS AND RESPONSIBILITIES (CUSTODY), AND
PARENTING TIME (COMPANIONSHIP AND VISITATION)**

Now comes Plaintiff and states as follows:

1. Plaintiff is a parent of the following child(ren):

| Name of Child | Date of Birth |
|---------------|---------------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

2. Defendant, _____ (name) is a parent of the following child(ren):

| Name of Child | Date of Birth |
|---------------|---------------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

3. The child(ren) has/have resided in _____ County, Ohio since _____ (date).

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

| Name of Child | Date of Birth | Established by |
|---------------|---------------|---|
| _____ | _____ | <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 |
| _____ | _____ | <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):

| Name of Child | Date of Birth |
|---------------|---------------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

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

| Name of Child | Date of Birth |
|---------------|---------------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

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

| Name of Child | Date of Birth |
|---------------|---------------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

7. Plaintiff requests that the Court: (*check all that apply*)

- Order genetic testing and determine the parent of the child(ren).
- Designate _____ (parent's name) as the parent of the child(ren) _____ (child(ren)'s name).
- Change the child(ren)'s name to _____.
- Correct the child(ren)'s birth certificate(s) to indicate the child(ren)'s parent.
- Adopt the proposed Shared Parenting Plan which is attached.
- Adopt the proposed Parenting Plan which is attached.
- Designate the residential parent and legal custodian of the child(ren).
- Order reasonable parenting time (companionship or visitation).
- Order child support, allocate the income tax dependency exemption, 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*) _____

Attorney or Self Represented Party Signature

Printed Name

Address

City, State, Zip

Phone Number

Fax Number

E-mail

Supreme Court Reg No. (if any)