

IN THE COURT OF COMMON PLEAS
DOMESTIC RELATIONS **Division**
MONTGOMERY **COUNTY, OHIO**

IN THE MATTER OF:

A Minor

Plaintiff

Case No. _____

Street Address

Judge _____

City, State and Zip Code

Magistrate _____

vs.

Defendant

Street Address

City, State and Zip Code

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) and the Affidavit of Income and Expenses (Uniform Domestic Relations Form - Affidavit 1) must be filed with this Complaint.

**COMPLAINT FOR PARENTAGE,
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. The parent-child relationship has has not (select one) been established. If it has been established, a copy of the order establishing the parent-child relationship is attached. A copy of the child(ren)'s birth certificate is also attached.

5. No court has issued an order about the following child(ren):

The following Court has issued an order about the following child(ren):

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

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.

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

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).

Other (specify): _____

Your Signature

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