

**IN THE COMMON PLEAS COURT OF MONTGOMERY COUNTY, OHIO  
JUVENILE DIVISION**

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.	_____
SETS No.	_____
Judge	_____
Magistrate	_____

**Instructions: One original per child.** Consult with local rules to determine what else may be required with this filing. 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 and the Affidavit of Income and Expenses are attached.

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

1. I, \_\_\_\_\_ (name), am the Plaintiff and the  
 Father  Mother  \_\_\_\_\_ (other) (select one) of the following child:

Name of Child

Date of Birth

\_\_\_\_\_

2. Defendant, \_\_\_\_\_ is the Father  Mother  (select one)  
of the child.

3. The child has resided in \_\_\_\_\_ County, Ohio since \_\_\_\_\_  
(date residence established) as set out in the Parenting Proceeding Affidavit

4. The father-child relationship  has  has not (select one) been established. If it has been  
established, a copy of the order establishing the father-child relationship or a copy of the  
child's birth certificate is attached.

5.  No court has issued an order about the child.

The following Court has issued an order about the child \_\_\_\_\_

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

Name \_\_\_\_\_ (Father's name) as the  
Father of the child \_\_\_\_\_

\_\_\_\_\_ (child's name).

Correct the child's birth certificate to indicate the child's father.

Order genetic testing and determine the father of the child.

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

Grant reasonable parenting time (visitation) to the  Mother  Father (select one).

Change the child's name to \_\_\_\_\_

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

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

Other (specify): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Your Signature

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

**OATH**

(Do not sign until notary is present.)

I, (print name) \_\_\_\_\_, swear or affirm that I have read this document and, to the best of my knowledge and belief, the facts and information stated in this document are true, accurate and complete. I understand that if I do not tell the truth, I may be subject to penalties for perjury.

\_\_\_\_\_  
Your Signature

Sworn before me and signed in my presence this \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Notary Public  
My Commission Expires:

\_\_\_\_\_

**Supreme Court of Ohio**  
**Uniform Juvenile Form – 2**  
**COMPLAINT FOR PARENTAGE, ALLOCATION OF PARENTAL RIGHTS AND RESPONSIBILITIES**  
**AND PARENTING TIME**  
**Approved under Ohio Civil Rule 84 and Ohio Juvenile Rule 46**  
**Effective Date: 7/1/2013**  
**Adapted for MCJC**