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

IN RE:		
		JC#
		TO!

	Minor Child(ren)	
		SETS#
		HIDGE
Name		JUDGE
		MAGISTRATE
Street Address		
City, State, Zip Code	Petitioner	
vs. / and		
Name		
Street Address		
City, State, Zip Code	Respondent	

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

MOTION FOR ALLOCATION OF PARENTAL RIGHTS AND RESPONSIBILITIES (CUSTODY)

1.	I, (name), am the Plaintiff and the			
	(select one) \Box Father \Box Mother \Box child(ren):	(other) of the following		
	Name of Child	Date of Birth		
2.	Defendant,	(name), is the		
	□ Father □ Mother □	(other) of the following child(ren).		
3.	The child has resided in	County, Ohio since		
	(date residence established) as set out in the Parenti	ing Proceeding Affidavit.		
4.	The father-child relationship \square has \square 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 this child.			
	$\ \square$ The following Court has issued an order about the	ne child(ren)		
5.	I request that the Court (check all that apply):			
	\square Name the \square Plaintiff \square Defendant (select one) as the residential parent and legal custodian or			
	the child(ren).			
	☐ Grant reasonable parenting time (visitation) to t	the \square Mother \square Father (select one).		
	☐ Order the appropriate amount of child support f	for the child, allocate the income tax		
	dependency exemption, and determine who should provide health insurance coverage for the			
	child.			
	\Box Other (specify):			

7. The reason for this Complaint is:	
	Your signature
	Telephone number at which the Court may reach you or at which message may be left for you
	Touch you of at which message 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: