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

IN RE:	JC#
A Minor Child	
	SETS#
	JUDGE
Name	MAGISTRATE
Street Address	
City, State, Zip Code Petitioner	
vs. / and	
Name	
Street Address	MOTION FOR RELIEF FROM PATERNITY AND AFFIDAVIT IN SUPPORT
City, State, Zip Code Respondent	

Instructions: This form is used to request child support related matters. An Instructions for Service and an Application for Child Support Services must be filed with this Motion. The Court may require additional forms to accompany this document. **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.

NOW COMES (name)	and, for the
reasons set forth below, hereby moves the Court to	issue an Order disestablishing paternity of the
above named minor child, and to terminate child s and the results of a genetic test administered within	
not the child's biological father are attached hereto	
	Respectfully Submitted,
	(sign)
	(print name)
	(address)
	(City, State, Zip)
	(phone number)

AFFIDAVIT

1. I,		(name), am the Plaintiff.
2. I am the presumed Father of		(child) because:
(check all that apply)		
 a. I voluntarily signed an acknowledgment child's birth certificate as father. 	of paternity and	d/or my name is on the
b. I was married to the Mother of the child child's date of birth.		
c. At the time the child was born I did not father.	know that I was	not his/her biological
3. My date of birth is		
4. The child's date of birth is		
5. Defendant	(name)	, is the Mother of the child.
6. The child is not my adopted child.		
7. The child was not conceived as a result of arti	ficial inseminati	on.
8. I submitted genetic material for the genetic tes	sting.	
9. The results of the genetic testing show that I a	m not the child'	s biological father.
10. The genetic testing results are not more than s	six (6) months o	ld.
11. The results of the genetic testing are attache	ed to this Motion	l.
OAT (Do not sign until r		.)
I, (print name)		, swear or affirm that I have read
this document and, to the best of my knowledge as	nd belief, the fact	s and information stated in this document
are true, accurate and complete. I understand that	if I do not tell the	e truth, I may be subject to penalties for perjury.
	your signat	ure
	1 6	20
Sworn before me and signed in my presence this	day of	, 20
		Notary Public
		My Commission Expires