

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

IN RE:

	JC# <span style="border-bottom: 1px solid black;"></span>
	JC# <span style="border-bottom: 1px solid black;"></span>
	JC# <span style="border-bottom: 1px solid black;"></span>

Minor Child(ren)

SETS#

	JUDGE <span style="border-bottom: 1px solid black;"></span>
Name	MAGISTRATE <span style="border-bottom: 1px solid black;"></span>

Street Address

City, State, Zip Code

Petitioner

vs. / and

Name

Street Address

City, State, Zip Code

Respondent

**Instructions:** This form is used to request child support related matters. An Instructions for Service, Affidavit of Income and Expenses, and an Application for Child Support Services must be filed with this Motion. The Court may require additional forms to accompany this document. YOU MUST UPDATE THE CLERK OF COURTS IF ANY OF THE ABOVE CONTACT INFORMATION CHANGES. **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.

**COMPLANT TO ESTABLISH CHILD SUPPORT**

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

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 Parenting Proceeding Affidavit.
4. The father-child relationship (select one) ☐ has ☐ has not 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.  
☐ The following Court has issued an order about the child(ren) \_\_\_\_\_
6. I request that the Court Order the appropriate amount of child support for the child, allocate the  
income tax dependency exemption, and determine who should provide health insurance coverage  
for the child(ren).
7. Other (specify):

7. The reason for this motion is: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Your signature

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

\_\_\_\_\_  
Email address

**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:  
\_\_\_\_\_