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

IN RE:

	JC#
	JC#
	JC#
Minor Child(ren)	
	SETS#
	JUDGE
Name	MAGISTRATE
Street Address	
City, State, Zip Code Petitioner/Movant	
vs. / and	
Name	
Street Address	
City, State, Zip Code	
Respondent structions: One original per child. Consult with local rules to	o determine what else may be required with this filing. This
rm is used to be legally recognized as the parent of the child, b ild(ren). The Parenting Proceeding Affidavit and the Affidavi at starts the legal process; a motion is filed after the initial com	b e named as the residential parent, or obtain visitation with the it of Income and Expenses are attached. A complaint is the filing aplaint. WARNING: This form is not a substitute for the
enef it of the advice of legal counsel. It is highly recommend	
(check all that MPL AINT/MOTION FOR ALL OCATION OF PAP	t apply) RENTAL RIGHTS AND RESPONSIBILITIES (CUSTO
MPLAIN 1/MOTION FOR ALLOCATION OF PAR IOTION FOR REALLOCTATION OF PARENTAL	

□ AND/OR PARENTING TIME (VISITATION)

Supreme Court of Ohio Uniform Domestic Relations Form 23 Uniform Juvenile Form 2, 5 & 6 COMPLAINT FOR PARENTAGE, ALLOCATION OF PARENTAL RIGHTS AND RESPONSIBILITIES AND PARENTING TIME/ Motion for Change of Parenting time (Companionship & Visitation)/ Motion For Change Of Parental Rights And

Responsibilities Approved under Ohio Civil Rule 84 and Ohio Juvenile Rule 46 Amended: June 1, 2021 Modified for Montgomery County Juvenile Court 11/22/2024

1.	Now comes,		(name), the Petitioner/				
	Movant and the (select one) Father Mother of the following child(ren):						
	Name of Child		Date of Birth				
2.	Defendant/Respondent,		(name), is the				
	□ Father □ Mother of the above child(ren	\Box Father \Box Mother of the above child(ren). The defendant/respondent \Box is or \Box is not (check					
	one) deceased.						
	*If the party is deceased a copy of the death certificate will need to be presented at the initial						
	hearing on this matter.						
3.	The child(ren) has resided in	Cour	nty, Ohio since				
	(date residence established) as set out in th	e Parenting Proceeding	Affidavit.				
4.	The parent-child relationship has been esta	blished in	County for				
	the following child(ren):						
	Name of Child	Date of Birth	Established by				
			 Acknowledgment of Paternity Administrative Order Court Order Acknowledgment of Paternity Administrative Order Court Order 				
			 Acknowledgment of Paternity Administrative Order Court Order 				

*A copy of the birth certificate or the order establishing the parent-child relationship will need to be presented at the initial hearing on this matter.

5. The parent-child relationship has not been established for the following child(ren):

Name of Child	Date of Birth		

Supreme Court of Ohio Uniform Domestic Relations Form 23 Uniform Juvenile Form 2, 5 & 6 COMPLAINT FOR PARENTAGE, ALLOCATION OF PARENTAL RIGHTS AND RESPONSIBILITIES AND PARENTING TIME/ Motion for Change of Parenting time (Companionship & Visitation)/ Motion For Change Of Parental Rights And Responsibilities; Approved under Ohio Civil Rule 84 and Ohio Juvenile Rule 46 Amended: June 1, 2021; Modified for Montgomery County Juvenile Court 11/22/2024 2 OF 5

6.	No court has	issued an	order of	parenting	or support	for the	following	child(ren).
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	Name of Child	L	Date of Birth		
		<u></u>			
	The following child(ren) is/are subject to an existing order of parenting or support of another Court:				
	Name of Child	Date of Birth	Name of Court		
	The Petitioner/Movant request that the Cour	t (check all that apply).			
•	-		t's name) as the residential		
	Designate (parent's name) as the residential parent and/or legal custodian of the child(ren).				
	Grant an order of reasonable parenting time to				
	(parent's name).				
	Grant Shared Parenting Plan and adopt the proposed Shared Parenting Plan which is attached.				
	□ Modify the Court order filed on (date of prior order).				
	□ Issue interim orders of custody, parenting time, visitation and/or child support as appropriate				
	□ Order child support for the child(ren), allocate the income tax dependency exemption, and				
	determine who should provide health insurance coverage for the child.				
	acteriance who should provide nearth insurd	nee coverage for the enfild.			

9.	The reason for this request is:

The Petitioner/Movant believes these requests are in the child(ren)'s best interest.

Attorney or Self Represented Party Signature	
Printed Name	
Address	
Address	
City, State, Zip	
Phone Number	
Fax Number	
E-mail	

Supreme Court Reg No. (if any)

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: