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

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 benefit of the advice of legal counsel. It is highly recommended that you consult an attorney.

COMPLAINT FOR PARENTAGE

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

Name of Child	Date of Birth
_____	_____
_____	_____
_____	_____

2. The Defendant, _____ (name), is the ☐Alleged Father ☐ Mother of the above child(ren).

3. The child(ren) has resided in _____County, Ohio since _____ (date residence established) as set out in the Parenting Proceeding Affidavit.

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

Name of Child	Date of Birth
_____	_____
_____	_____
_____	_____

**A copy of the birth certificate will need to be presented at the initial hearing on this matter.*

5. No court has issued an order of parenting or support for the following child(ren).

Name of Child	Date of Birth
_____	_____
_____	_____
_____	_____

6. 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
_____	_____	_____
_____	_____	_____
_____	_____	_____

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

☐ Order genetic testing and determine the father of the child(ren)

☐ Name _____ (alleged Father's Name) as the Father of the following child(ren):

Name of Child	**Date of Birth**
_____	_____
_____	_____
_____	_____

☐ Correct the child(ren)'s birth certificate to indicate the child(ren)'s father

☐ Change the child(ren)'s last name to _____

☐ 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.

☐ Other (specify): _____

8. The reason for this Complaint is:

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

_____
Attorney or Self Represented Party Signature

_____
Printed Name

_____
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:

_____