

**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/MOTION 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 of the above child(ren).

3. The child(ren) has resided in _____ County, Ohio since _____
 (date residence established).

4. The parent-child relationship has been established in _____ County for
 the following child(ren):

Name of Child	Date of Birth	Established by
_____	_____	<input type="checkbox"/> Acknowledgment of Paternity
		<input type="checkbox"/> Administrative Order
		<input type="checkbox"/> Court Order
		<input type="checkbox"/> Acknowledgment of Paternity
		<input type="checkbox"/> Administrative Order
		<input type="checkbox"/> Court Order
		<input type="checkbox"/> Acknowledgment of Paternity
		<input type="checkbox"/> Administrative Order
		<input type="checkbox"/> 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. 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 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.
8. Other (specify): _____
9. The reason for this Motion 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:
