

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

IN RE:

_____ JC# _____

Minor Child

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.
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 FOR RELIEF FROM PATERNITY
AND AFFIDAVIT IN SUPPORT**

NOW COMES (name) _____ and, for the reasons set forth below, hereby moves the Court to issue an Order disestablishing paternity of the following minor child, and to terminate child support (if applicable).

Name of Child

Date of Birth

An Affidavit in Support and the results of a genetic test administered within the last six (6) months establishing that I am not the child's biological father are attached hereto and incorporated herein.

Attorney or Self-Represented Party Signature

Printed Name

Address

City, State, Zip

Phone Number

Fax Number

E-mail

Supreme Court Reg No. (if any)

AFFIDAVIT

1. I, _____ (name), am the Plaintiff.
2. I am the presumed Father of _____ (child)
because: (check all that apply)
 - I voluntarily signed an acknowledgment of paternity and/or my name is on the child's birth certificate as father.
 - I was married to the mother of the child at the time of child's birth or within 300 days of the child's date of birth.
 - At the time the child was born I did not know that I was not his/her biological father.
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 artificial insemination.
8. I submitted genetic material for genetic testing.
9. The results of the genetic testing show that I am not the child's biological father.
10. The genetic testing results are not more than six (6) months old and are attached to this Motion.

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: _____