

IN THE COURT OF COMMON PLEAS

Division
COUNTY, OHIO

IN THE MATTER OF:

A Minor

Plaintiff

Street Address

City, State, and Zip Code

vs.

Defendant

Street Address

City, State, and Zip Code

Case No.

Judge

Magistrate

L.C.R. 3.03
\$200.00 Filing Fee

Instructions: 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 (Uniform Domestic Relations Form - Affidavit 3) and the Affidavit of Income and Expenses (Uniform Domestic Relations Form - Affidavit 1) are attached.

COMPLAINT FOR PARENTAGE, ALLOCATION OF PARENTAL RIGHTS AND RESPONSIBILITIES (CUSTODY), AND PARENTING TIME (COMPANIONSHIP AND VISITATION)

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

Name of Child Date of Birth

2. Defendant, is the biological Father Mother (select one) of the child(ren).

3. The child(ren) has/have resided in County, Ohio since (date residence established) as set out in the Parenting Proceeding Affidavit (Uniform Domestic

Relations Form - Affidavit 3).

4. The father-child relationship  has  has not (select one) been established. If it has been established, a copy of the order establishing the father-child relationship is attached. A copy of the child(ren)'s birth certificate is also attached.

5.  No court has issued an order about the following child(ren):

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The following Court has issued an order about the following child(ren):

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

Name \_\_\_\_\_ (Father's name) as the  
Father of the child(ren) \_\_\_\_\_

\_\_\_\_\_ (child(ren)'s name).

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

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

Name the  Plaintiff  Defendant (select one) as the residential parent and legal custodian of the child(ren).

Grant reasonable parenting time (visitation) to the  Mother  Father (select one).

Change the child(ren)'s name to \_\_\_\_\_

Adopt the proposed Shared Parenting Plan for the child(ren) which is attached.

Order the appropriate amount of child support for the child(ren), allocate the income tax dependency exemption for the child(ren), and determine who should provide health insurance coverage for the child(ren).

Other (specify): \_\_\_\_\_

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\_\_\_\_\_  
Your Signature

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