

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

IN RE:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

JC# \_\_\_\_\_  
JC# \_\_\_\_\_  
JC# \_\_\_\_\_

Minor Child(ren)

SETS# \_\_\_\_\_

\_\_\_\_\_  
Name

JUDGE \_\_\_\_\_

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.

**COMPLAINT FOR PARENTAGE**

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  \_\_\_\_\_ (other) of the following child(ren).

3. The child has resided in \_\_\_\_\_ County, Ohio since \_\_\_\_\_  
 (date residence established) as set out in the Parenting Proceeding Affidavit.

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 or a copy of the child's  
 birth certificate is attached.

5.  No court has issued an order about this child.  
 The following Court has issued an order about the child(ren) \_\_\_\_\_

6. I request that the Court (check all that apply):  
 Name \_\_\_\_\_ (Father's name) as the  
 Father of the child \_\_\_\_\_  
 \_\_\_\_\_ (child(ren)'s name(s)).

Correct the child's birth certificate to indicate the child's father.

Order genetic testing and determine the father of the child.

Change the child'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):

7. The reason for this Complaint is: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Your signature

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

\_\_\_\_\_  
Email address

**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:  
\_\_\_\_\_