

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

IN RE:

\_\_\_\_\_  
A Minor Child

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

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

\_\_\_\_\_  
Name

JUDGE \_\_\_\_\_

MAGISTRATE \_\_\_\_\_

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State, Zip Code  
Petitioner

vs. / and

\_\_\_\_\_  
Name

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State, Zip Code  
Respondent

COMPLAINT FOR RELIEF  
FROM PATERNITY  
AND AFFIDAVIT IN SUPPORT

**Instructions:** This form is used to request child support related matters. An Instructions for Service and an Application for Child Support Services must be filed with this Motion. The Court may require additional forms to accompany this document. **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.

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

Respectfully Submitted,

\_\_\_\_\_  
(sign)

\_\_\_\_\_  
(print name)

\_\_\_\_\_  
(address)

\_\_\_\_\_  
(City, State, Zip)

\_\_\_\_\_  
(phone number)

\_\_\_\_\_  
(email address)

AFFIDAVIT

1. I, \_\_\_\_\_ (name), am the Plaintiff.
2. I am the presumed Father of \_\_\_\_\_(child) because:  
(check all that apply)
  - a. I voluntarily signed an acknowledgment of paternity and/or my name is on the child's birth certificate as father.
  - b. 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.
  - c. 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 the 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.
11. The results of the genetic testing 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 \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public  
My Commission Expires \_\_\_\_\_