## IN THE COURT OF COMMON PLEAS DIVISION COUNTY, OHIO IN THE MATTER OF: A Minor Case No. Name Judge Street Address Magistrate City, State and Zip Code Plaintiff vs. Street Address

Defendant

City, State and Zip Code

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.

<u>Instructions</u>: This form is used to establish parentage of the child(ren), be designated as the residential parent, or obtain parenting time (companionship and visitation) with the child(ren). A Request for Service (Uniform Domestic Relations Form 31), a Parenting Proceeding Affidavit (Uniform Domestic Relations Form - Affidavit 3) and an Affidavit of Basic Information, Income and Expenses (Uniform Domestic Relations Form - Affidavit 1) must be filed with this Complaint. The Court may require additional forms to accompany this document. You must check the requirements of the county in which you file. **YOU MUST UPDATE THE CLERK OF COURTS IF ANY OF THE ABOVE CONTACT INFORMATION CHANGES.** 

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

Supreme Court of Ohio
Uniform Domestic Relations Form 23
Uniform Juvenile Form 2
COMPLAINT FOR PARENTAGE, ALLOCATION OF PARENTAL RIGHTS AND RESPONSIBILITIES AND PARENTING TIME
Approved under Ohio Civil Rule 84 and Ohio Juvenile Rule 46
Amended: September 21, 2020

Now comes Plaintiff and states as follows: 1. Plaintiff is a parent of the following child(ren): Name of Child **Date of Birth** 2. Defendant, \_\_\_\_\_ (name) is a parent of the following child(ren): Name of Child Date of Birth 3. The child(ren) has/have resided in \_\_\_\_\_ County, Ohio since \_\_\_\_\_ (date). 4. A parent-child relationship has been established for the following child(ren): Name of Child Date of Birth 5. A parent-child relationship has not been established for the following child(ren): Name of Child **Date of Birth** 6. No Court has issued an order of parenting or support for the following child(ren): Name of Child Date of Birth

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	Name of Child	Date of Birth
laintiff r	Designate	rmine the parent of the child(ren) (parent's name) as the p
	or the child(ren)	(child(ren)'s na
	Change the child(ren)'s name to	to
	Correct the child(ren)'s birth ce	ertificate(s) to indicate the child(ren)'s parent.
	Adopt the proposed Shared Pa	arenting Plan which is attached.
	Adopt the proposed Parenting I	Plan which is attached.
	Designate the residential paren	nt and legal custodian of the child(ren).
		ne (companionship or visitation).
	7 Ouder child accompant allegate th	
		he income tax dependency exemption, and determine who s
	provide health insurance covera	age for the child(ren).
	provide health insurance coverage of the Ohio Department of the Ohio	
	provide health insurance covera	age for the child(ren).
	provide health insurance coverage of the Ohio Department of the Ohio	age for the child(ren).
	provide health insurance coverage of the Ohio Department of the Ohio	rage for the child(ren).  Health to prepare (a) new birth certificate(s) for the child(ren).
	provide health insurance coverage of the Ohio Department of the Ohio	Attorney or Self Represented Party Signature
	provide health insurance coverage of the Ohio Department of the Ohio	Attorney or Self Represented Party Signature  Printed Name
	provide health insurance coverage of the Ohio Department of the Ohio	Address
	provide health insurance coverage of the Ohio Department of the Ohio	Attorney or Self Represented Party Signature  Printed Name  Address  City, State, Zip
	provide health insurance coverage of the Ohio Department of the Ohio	Attorney or Self Represented Party Signature  Printed Name  Address  City, State, Zip  Phone Number