

**COURT OF COMMON PLEAS
DIVISION OF DOMESTIC RELATIONS
HAMILTON COUNTY, OHIO**

<hr/>	:	
Plaintiff		Case No. <hr/>
<hr/>	:	
Address		Judge <hr/>
<hr/>	:	
City, State, and Zip Code		Magistrate <hr/>
<hr/>	:	
vs	:	
<hr/>	:	
Defendant		COMPLAINT FOR ALLOCATION OF PARENTAL RIGHTS AND RESPONSIBILITIES (CUSTODY), PARENTING TIME (VISITATION), CHILD SUPPORT, MEDICAL EXPENSES, TAX EXEMPTION, OR OTHER CHILD-RELATED EXPENSES
<hr/>	:	
Address		
<hr/>	:	
City, State, and Zip Code		
<hr/>	:	

1. I, _____, (name) am the Plaintiff and parent of the following child(ren):

Name _____ Birth Date: _____
Name _____ Birth Date: _____
Name _____ Birth Date: _____
Name _____ Birth Date: _____

2. The Defendant, _____, is the parent of the child(ren).

3. The parents of the child(ren) are married. Date of Marriage: _____
A copy of documentation providing proof of marital status is attached.

4. The child(ren) has/have resided in _____ County, Ohio since _____
(date residence established) as set out in the Affidavit in Compliance with 3127.23 of the Ohio Revised Code.

5. The parent-child relationship ____ has ____ has not (select one) been established. If it has been established, a copy of the order establishing the parent-child relationship or other supporting documentation is attached.
A copy of the child(ren)'s birth certification is also attached.

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

7. ____ No Court has issued an order about the following child(ren):

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

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

___ Grant reasonable parenting time (visitation) to the non-residential parent.

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

___ Other (specify): _____

9. I request that the Court order my right to receive support or my obligation to provide support for the minor child(ren) as follows (check all that apply):

___ The amount of child support to be paid each month. I request the Court order: _____

___ The person responsible for providing health insurance for the child(ren). I request the Court order: _____

___ The amount of non-insured health care expenses of the minor child(ren) that I have to pay. I request the Court order: _____

___ The person who can claim the child(ren) as tax dependents. I request the Court order: _____

___ Other child-related expenses. I request the Court order: _____

10. I believe my requests are in the best interest of the child(ren) for the following reasons: _____

Plaintiff's Signature

Date

CERTIFICATE OF SERVICE

I hereby certify that a copy of the foregoing Complaint has been served by Certified Mail/Personal Service/Ordinary U.S. Mail to:

Name _____

Address _____

City _____, State _____, Zip Code _____

On this date: _____

NOTICE OF HEARING

Notice is hereby given that a hearing for (type of Hearing) _____

has been scheduled on (date) _____ at (time) _____

for (length) _____ before Judge / Magistrate _____

in Room _____. Said hearing will take place at 800 Broadway, Cincinnati, Ohio.