

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

Plaintiff	:	
Address	:	Case No. _____
City, State, and Zip Code	:	Judge _____
vs	:	Magistrate _____
Defendant	:	
Address	:	
City, State, and Zip Code	:	

**COMPLAINT FOR ALLOCATION OF
PARENTAL RIGHTS AND
RESPONSIBILITIES (CUSTODY) AND/OR
PARENTING TIME (VISITATION)**

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

Name _____	Birth Date: _____

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

3. The parents of the child(ren) are married or divorced. 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.

___ 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): _____

9. It would be in the best interest of the child(ren) for the Plaintiff to have custody/visitation orders as requested 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: _____