

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

| | | |
|---------------------------|---|--|
| _____ | : | Case No. _____ |
| Plaintiff | : | |
| _____ | : | Judge. _____ |
| Address | : | |
| _____ | : | Magistrate _____ |
| City, State, and Zip Code | : | |
| | : | |
| vs | : | |
| | : | |
| _____ | : | COMPLAINT FOR CHILD SUPPORT, MEDICAL EXPENSES, TAX EXEMPTION, OR OTHER CHILD-RELATED EXPENSES |
| Defendant | : | |
| _____ | : | |
| Address | : | |
| _____ | : | |
| City, State, and Zip Code | : | |

- I, _____, (name) am the Plaintiff on this case and parent of the following child(ren):
Name _____ Birth Date: _____
Name _____ Birth Date: _____
Name _____ Birth Date: _____
Name _____ Birth Date: _____
- The Defendant, _____, is the parent of the child(ren).
- The parents of the child(ren) are married or divorced. Date of Marriage: _____
A copy of documentation providing proof of marital status is attached.
- 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.
- 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.
- ___ The following Court has issued an order about the following child(ren): _____

- ___ No Court has issued an order about the following child(ren): _____

8. 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: _____

9. It would be in the best interest of the child(ren) to have 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: _____