

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

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

vs

Defendant	:	<b>COMPLAINT FOR ALLOCATION OF PARENTAL RIGHTS AND RESPONSIBILITIES (CUSTODY), PARENTING TIME (VISITATION), CHILD SUPPORT, MEDICAL EXPENSES, TAX EXEMPTION, OR OTHER CHILD-RELATED EXPENSES</b>
Address	:	
City, State, and Zip Code	:	

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 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.

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.