

IN THE COURT OF COMMON PLEAS OF OTTAWA COUNTY, OHIO
JUVENILE DIVISION

_____)	CASE NO. _____
Name)	
_____)	
Street Address)	<u>COMPLAINT TO ESTABLISH</u>
_____)	<u>PARENT-CHILD RELATIONSHIP</u>
City, State, Zip Code)	
)	
Plaintiff,)	
)	
vs.)	
_____)	
Name)	
_____)	
Street Address)	
_____)	
City, State, Zip Code)	
)	
Defendant.)	
)	
)	

Now comes the Plaintiff, without counsel, and states as follows:

- 1.) Plaintiff is a resident of _____ County;
- 2.) Plaintiff/Defendant gave birth to:

_____	_____
Child's name	Date of Birth
_____	_____
Child's name	Date of Birth
_____	_____
Child's name	Date of Birth

3.) Defendant/Plaintiff is the natural father of the minor child(ren).

WHEREFORE, Plaintiff demands the following relief:

- a.) An order that requires alleged father to undergo genetic testing in connection with the minor child(ren) herein to determine the existence of a parent-child relationship;
- b.) An order establishing child support pursuant to the State of Ohio Guidelines for the establishment of support;
- c.) An order requiring medical insurance be obtained and maintained for the benefit of the minor child(ren); and
- d.) For all other relief this Court deems just and reasonable and in the best interest of the minor child(ren) herein.

Your signature

Telephone number at which the Court may reach you or at which messages may be left for you

COUNTY OF OTTAWA,
STATE OF OHIO

Subscribed and sworn to before me this _____ day of _____, 20____.

Notary Public/Deputy Clerk

IN THE COURT OF COMMON PLEAS

Juvenile

Division

OTTAWA

COUNTY, OHIO

IN THE MATTER OF:

A Minor

Name

Case No. _____

Street Address

Judge Kathleen L. Giesler

City, State and Zip Code

Plaintiff/Petitioner

Magistrate Danita Gilbert Conway

vs./and

Name

Street Address

City, State and Zip Code

Defendant/Petitioner

Instructions: This form is used when you want to request documents to be served on the other party. You must indicate the requested method of service by marking the appropriate box.

REQUEST FOR SERVICE

TO THE CLERK OF COURT:

Please serve the following documents on the following parties as I have indicated below:

- Defendant/Petitioner at the address shown above.
Certified Mail, Return Receipt Requested
Issuance to Sheriff of _____ County, Ohio for Personal or Residence service
Other (specify) _____

- Plaintiff/Petitioner at the address shown above.
- Certified Mail, Return Receipt Requested
 - Issuance to Sheriff of _____ County, Ohio for Personal or Residence service
 - Other (specify) _____

- _____ County Child Support Enforcement Agency (provide address below):
-
- Certified Mail, Return Receipt Requested
 - Issuance to Sheriff of _____ County, Ohio for Personal or Residence service
 - Other (specify) _____

- Other (address): _____
- Certified Mail, Return Receipt Requested
 - Issuance to Sheriff of _____ County, Ohio for Personal or Residence service
 - Other (specify) _____

SPECIAL INSTRUCTIONS TO SHERIFF:

Your Signature