

**IN THE COURT OF COMMON PLEAS
JUVENILE DIVISION
WAYNE COUNTY, OHIO**

In the Matter of _____ :
_____ :
(Child's Name) _____ : Case No. _____ :
DOB: _____ :

COMPLAINT TO ESTABLISH PARENTAGE

The undersigned complainant states as follows:

1. ____ (If checked) No court has issued an order regarding the above-captioned child.

____ (If checked) The following court issued an order regarding the above-captioned child:

_____. **A copy of the current order is attached.**

2. The child now resides at _____, which is located
(Address)

within the _____ in Wayne County, Ohio.
(School District)

3. The child's biological or adoptive parents and legal custodian(s) are **legally established** to be as follows:

Parent 1: _____

Parent 2: _____

Legal Custodian(s): _____

4. The legal establishment referenced in Paragraph 3 above was by the following means
(*check all that apply*):

_____ (For birth mother only) Live, documented birth.

_____ Signed acknowledgment/affidavit of paternity.

_____ Genetic testing.

_____ Birth during marriage of the parents or within 300 days of the termination
of that marriage.

_____ Administrative order of a child support enforcement agency.

_____ Court order.

_____ Adoption.

_____ Other: _____

5. I believe the following individual to be a parent of the child:

6. I request that the Court establish the individual referenced in Paragraph 5 as a parent of the
child. Specifically and additionally, I request the following orders (*check all that apply*):

_____ Conduct genetic testing of the child and each alleged parent.

***Note: If parentage is already legally established, the undersigned
may be ordered to pay for this genetic testing in order to prosecute
this request.***

_____ Change the child's name to the following: _____

***Note: If parentage is already legally established, requests for
change of name may not be addressed by a juvenile court.***

_____ Allocate parental rights and responsibilities for the child. I request that the
Court grant me (*check all that apply*):

_____ Legal custody of the child.

_____ Parenting time (visitation) with the child.

_____ Establish a child and medical support order for the child.

_____ Other (*explanation required*): _____

7. It is in the child's best interest to award the above order(s).

By signing below, I represent the above information is truthful and complete to the best of my knowledge.

Signature of Movant

Print Name

Address

City/State/Zip Code

In _____ County, Ohio, the above was sworn to and subscribed in my presence this _____ day of _____, _____.

Notary Public

CERTIFICATE OF SERVICE

By signing below, I hereby certify I have served this complaint on the below named individuals by the methods of service described:

Said service was completed on this date: _____

Signature of Complainant