

**IN THE COURT OF COMMON PLEAS
DOMESTIC RELATIONS DIVISION
SUMMIT COUNTY, OHIO**

_____))
Name of Father/Mother))
_____))
Address))
_____))
City, State, Zip))
_____))
Telephone number))
_____))
and on behalf of))
_____))
Name of Minor Child))
_____))
Address))
_____))
City, State, Zip))
_____))
DOB))
Plaintiffs))
-vs.-))
_____))
Father/Mother))
_____))
Address))
_____))
City, State, Zip))
_____))
Telephone Number))
Defendant))
_____)

CASE NO.
CSEA ADMINISTRATIVE CASE NO.
SETS Number:
JUDGE
MAGISTRATE

**COMPLAINT TO ESTABLISH
PARENT CHILD RELATIONSHIP**

ORC 3111 et seq.

and

MOTIONS

COMPLAINT

1. Plaintiff, _____, is the mother/father (circle one) of _____, a minor child born on ____-____-_____.
2. Defendant is the father/mother (circle one) of the minor child.

3. Plaintiff brings this action for the Court to determine or establish a parent-child relationship, and further says that: (One of the following MUST be checked and the appropriate document attached).

- _____ a. Parentage has been established through the CSEA. The Administrative Order is attached.
- _____ b. An Acknowledgment has been registered with the Ohio Department of Job and Family Services. The registry number is _____.
- _____ c. Paternity has not yet been established.

MOTIONS

1. Plaintiff requests the Court accept the CSEA's finding that there is a parent child relationship or the Court accept the Acknowledgment of Paternity or the Court establish the existence of the parent child relationship.

2. Plaintiff further requests the following orders: (Check all that apply)
- _____ Allocation of parental rights and responsibilities (custody)
(Information for Parenting Proceeding Affidavit must be attached)
 - _____ Visitation/companionship;
 - _____ Child support (Affidavit of Income & Expenses to be attached);
 - _____ Health insurance coverage;
 - _____ Issuance of a new birth certificate;
 - _____ Attorney fees and costs;
 - _____ Child support arrearages from the date of the child's birth;
 - _____ Reasonable birthing expenses;
 - _____ Other:_____

3. Any other relief as necessary.

Signature of Plaintiff
Telephone Number _____

NOTICE OF HEARING(S)

WORKING TOGETHER PROGRAM

This case is scheduled for the Working Together Program on the _____ day of _____, 200__ at _____ O'clock _____.m at the Summit County Domestic Relations Court, 205 South High Street, 3rd Floor Akron 44308. **Both parties must attend this program.**

INITIAL SETTLEMENT CONFERENCE (Complete this section if applicable)

An initial settlement conference hearing shall be held before Magistrate _____ on the _____ day of _____, 200____ at _____ o'clock ____ .m. at the Summit County Domestic Relations Court, 205 South High Street, 3rd Floor Akron 44308.

Forms and Rules of Court are available on the website at **www.drcourt.org**