

DIRECTIONS FOR A COMPLAINT FOR PATERNITY

FORM 1: COMPLAINT FOR PATERNITY

1. At the top of the page where it says “IN RE”: write the child’s full name.
2. You are the Plaintiff. Put your name in all places where it says “plaintiff”.
3. The other parties are Defendant. Put their name in all places it says “Defendant”.
 - a.) If the Plaintiff is the possible father then list the mother as the first “Defendant”.
Any men who may possibly be the father must be listed as well with their name and complete address.
4. Answer all questions.
5. Sign your name and address.
6. You MUST sign in front of a Notary Public.

FORM 2: CHILD CUSTODY AFFIDAVIT

1. At the top of the page where it says “IN RE”, put the child’s name, date of birth and social security number.
2. You are the “Plaintiff”. Put your name in all places where it says “Plaintiff”.
3. Answer questions completely and truthfully. Be sure to include the city, state, and zip code when appropriate.
4. You MUST sign in front of a Notary Public

FORM 3: APPLICATION FOR IV-D SERVICES

1. This Form is required to be completed where child support may be an issue.
2. Answer questions completely and truthfully. Be sure to include the city, state, and zip code when appropriate.
3. You MUST sign in front of a Notary Public

FORM 4: INSTRUCTIONS FOR SERVICE (Service is notification to the other parties)

1. At the top of the page, print the child’s name where it says “IN RE”
2. Print your name in “Plaintiff” and print the Defendant’s name on the line “Defendant”.
3. In the blank lines after “Please issue service to”, you need to write the name address, city, state, and zip code of the Plaintiff and any other person listed as the Defendants.
4. Check certified mail and regular mail.
 - a.) All Defendants must be either served personally or through residential with the Complaint for Paternity in order for the Court to set a pretrial date.
 - b.) When the certified mail is returned to the Clerks Office, they will send you notification as to the outcome of the service.
 - * If the service is returned with a bad address you will need to find the correct address and re-issue the Complaint for Paternity through certified mail.
 - * If the service is “unclaimed” you will need to go to the Clerks Office and re-issue service through regular mail.

THERE WILL BE ADDITIONAL CHARGES IF THERE IS A RE-ISSUE OF SERVICE

**YOU WILL BE NOTIFIED BY MAIL OF YOUR PRETRIAL DATE
WHEN SERVICE IS COMPLETED**

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

[FORM 1]

IN RE: _____ * Case No. _____
(Child's Name)

_____ * Judge/Magistrate _____
Social Security Number

_____ *
Date of Birth _____ *
* * * * *

COMPLAINT FOR PATERNITY

Now comes _____ [Your Name], Movant, Pursuant to Section 3111.04 of the Ohio Revised Code, and moves this court for an Order establishing paternity with respect to the minor child, _____ [Child's Name], born _____ [Date of Birth].
This Motion is supported by the attached Memorandum.

MEMORANDUM

Movant states that on _____ [Date] _____ [Mother's Name] gave birth to the minor child, _____ [Child's Full Name] in _____ [City, State]. Movant states further that _____ [Father's Name] is the natural father of said child. Pursuant to the Ohio Revised Code, Section 3111.04, an action to determine the existence or nonexistence of the father and child relationship may be brought by the child or the child's personal representative, the child's mother or her personal representative, a man alleged or alleging himself to be the child's natural father, or the child support enforcement agency of the county in which the child resides. Movant's relationship to the minor child is as follows: _____ [State whether you are the Mother, Natural Father or Alleged Father]

WHEREFORE, Movant hereby moves this Court for an order requiring all parties to submit to DNA testing, for an Order establishing a parent/child relationship between the minor child and the natural father, for the issuance of a new birth certificate reflecting this Court's findings, and for such other relief to which Movant may be entitled.

Respectfully Submitted,

[Your Signature]

[Your Printed Name] [Your Address]

[Your Social Security Number] [Your Date of Birth] [Your Telephone Number]

Sworn to and signed in my presence this _____ day of _____, _____.

Commission Expires
Notary Public

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

[FORM 2]

IN RE: _____ * Case No. _____

(Child's Name)

* Judge/Magistrate _____

Social Security Number _____

*

Date of Birth _____

*

CHILD CUSTODY AFFIDAVIT

* * * * *

I, the Petitioner/Plaintiff being duly sworn, state the following answers to the questions set out herein relevant to the physical custody and/or residence of the minor child:

1. **State the places were the child lived** within the last five (5) years, and the names and address of the person(s) whom the child lived during that period:

A. _____ WHO DOES CHILD LIVE WITH?
CHILD'S PRESENT ADDRESS

FROM (what date) _____ TO (what date) _____

B. _____ WHO DOES CHILD LIVE WITH?
CHILD'S PREVIOUS ADDRESS

FROM (what date) _____ TO (what date) _____

C. _____ WHO DOES CHILD LIVE WITH?
CHILD'S PREVIOUS ADDRESS

FROM (what date) _____ TO (what date) _____

2. Do you know of any court case anywhere in which custody of this child is an issue? _____ [YES OR NO]

3. If there is a custody proceeding concerning the child, pending in a court in this or any other state, print these:
Case Number _____ Name of the court _____

Address of the court _____

4. State the name and address of any person, not a party to the proceedings, who physically has the child, or claims to have custody / visitation rights for the child: _____

5. Have you been convicted of or pleaded guilty to any criminal offense involving an act that resulted in a child being an abused and/or neglected. _____ [YES OR NO]

6. Have you been determined to be the perpetrator of an abusive or neglectful act which was the basis for an adjudication of any child as abused or neglected. _____ [YES OR NO]

I understand that I have a continuing duty to inform the Court of any custody proceeding concerning the child in this or any other state from which I obtain information during this proceeding.

Petitioner

Petitioner

Sworn to and signed in my presence this _____ day of _____,

Notary Public

My Commission Expires _____

**APPLICATION FOR CHILD SUPPORT SERVICES
NON-PUBLIC ASSISTANCE APPLICANT [Form 3]**

IMPORTANT: If you are receiving ADC or Medicaid, do **not** complete this application, because you became eligible for child support services when you became eligible to receive ADC or Medicaid.

I the undersigned, _____ request Child Support Services from the _____ County Child Support

Enforcement Agency. I understand and agree to the following conditions:

- A. I am a resident of the County in which services are requested.
- B. Recipients of child support services shall cooperate to the best of their ability with the CSEA. (*See attached rights and responsibility information*). The Child Support Enforcement Agency can assist you in providing the following services:

1. Location of Absent Parents.

The agency can assist in finding where an absent parent is currently living, in what city, town or state. The applicant can request "**Location Services Only**", if the sole need is to find the whereabouts of the absent parent.

2. Establishment or Modification of Child Support and Medical Support.

The CSEA can assist you to obtain an order for support, if you are separated, have been deserted or need to establish paternity (*fatherhood*). The CSEA can also assist you in changing the amount of support orders (*modification*), and to establish a medical support order.

3. Enforcement of Existing Orders. The CSEA can help you collect current and back child support.

4. Federal and State Income Tax Refund Offset Submittals for the Collection of Child Support Arrearages. The agency can assist in collecting back support (*arrearages*) by intercepting a non-payor's federal and state income tax refunds on some cases.

5. Withholding of Wages and Unearned Income for the Payment of Court Ordered Support. The agency can help you get payroll deductions for current and back child support and can intercept unemployment compensation to collect child support.

6. Establishment of Paternity.

The agency can obtain an order for the establishment of paternity (*fatherhood*), if you were not married to the father of the child. An absent parent may request paternity services.

7. Collection and Disbursement of Payments.

The CSEA can collect the child support for you, and send you a check for the amount of the payments received. Back support collected will be paid to you until all of the back support you are owed is paid.

If you received ADC in the past and support was assigned to the state, back support collected will be paid to the state after you receive back support owed to you.

8. Interstate Collection of Child Support. The agency can assist you in collecting support if the payor is living in another state or in some foreign countries.

C. The only fee you can be charged for services is a one dollar application fee. Some counties pay this fee for the applicants.

D. In providing IV-D services, the CSEA and any of its contracted agents (e.g., prosecutors, attorneys, hearing officers, etc.) represent the best interest of the children of the state of Ohio and do not represent any IV-D recipient or the IV-D recipient's personal interest.

APPLICANT INFORMATION (INFORMATION ABOUT YOU)

Name	Date of Birth
Social Security Number (SSN)	Current Marital Status (Check One) <input type="checkbox"/> Single <input type="checkbox"/> Married Divorced <input type="checkbox"/> Separated <input type="checkbox"/> <input type="checkbox"/> Deserted <input type="checkbox"/> Widowed

Type(s) of Service(s) Requested: All Services listed _____ Location of absent parent only _____

Other (*please explain*) _____

I understand that the Child Support Agency - within 20 days of receiving this application will contact me by a written notice to inform me if my case has been accepted for child support services (IV-D Services).

Signature of Applicant	Date
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Applicants Name (<i>Last, First, Middle</i>)			Telephone Number (<i>Home</i>)	
Address (<i>Street/Route, P.O. Box</i>)			<i>(Work)</i>	
City, State, Zip Code				
INFORMATION ON CHILDREN				
	Child 1	Child 2	Child 3	Child 4
a. Name				
b. Sex				
c. SSN				
d. Date of Birth (DOB)				
e. Name(s) of Absent Parent				
f. Has Paternity (Fatherhood) Been Established?				
g. Is There An Order For Support <input type="checkbox"/> Yes <input type="checkbox"/> No				
ABSENT PARENT INFORMATION OR PARENT ORDERED TO PAY CHILD SUPPORT				
	Absent Parent #1	Absent Parent #2	Absent Parent #3	
Name				
Address (City, State, Zip Code)				
SSN				
Date of Birth (DOB)				
Name of Employer				
Address of Employer (City, State, Zip Code)				
Amount of Support Ordered (Wk, Bi-Wk, Mo)				
Case Number on Support Order				
Date of Support Order				
Location Where Order Was Issued (City, County, State)				
Military Service Give Date and Branch Entered				
Arrest Record: Give Date and Place of Arrest				
If the absent parent has been on Public Assistance: Give Date and Place				
Give Name and Address of Current Spouse of Absent Parent				
• Have you ever been on public assistance? <input type="checkbox"/> Yes <input type="checkbox"/> No				
When (<i>Date</i>)	Where (<i>City and State</i>)		County	
FOR AGENCY USE ONLY				
Case Name	Date Requested		Date Mailed or Provided	
Case Number	Date Returned or File Date			

**MONTGOMERY COUNTY COMMON PLEAS COURT
JUVENILE DIVISION - CLERK'S OFFICE
380 West Second Street, Dayton, Ohio 45422
[FORM 4]**

INSTRUCTIONS FOR SERVICE

IN RE: _____

J.C. No. _____

_____,
Plaintiff

_____,
Defendant

PLEASE ISSUE SERVICE TO:

Name: _____

Address: _____

VIA: PERSONAL RESIDENTIAL REGULAR MAIL CERTIFIED MAIL

Name: _____

Address: _____

VIA: PERSONAL RESIDENTIAL REGULAR MAIL CERTIFIED MAIL

Name: _____

Address: _____

VIA: PERSONAL RESIDENTIAL REGULAR MAIL CERTIFIED MAIL

Name: _____

Address: _____

VIA: PERSONAL RESIDENTIAL REGULAR MAIL CERTIFIED MAIL

LIST ALL DCOUMENTS TO BE SERVED:

Your Name: _____