

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

_____))
Name))
_____))
Street Address))
_____))
City, State, Zip Code))
_____))
Social Security Number))
_____))
Date of Birth))
))
 Plaintiff,))
))
 vs.))
))
_____))
Name))
_____))
Street Address))
_____))
City, State, Zip Code))
_____))
Social Security Number))
_____))
Date of Birth))
))
 Defendant.))
))

CASE NO. _____
**COMPLAINT TO ESTABLISH
PARENT-CHILD RELATIONSHIP**

* * * * *

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

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.) That the Court enter a Judgment finding that the Defendant/Plaintiff is the natural father of said child(ren) and that a parent-child relationship exists between the Defendant/Plaintiff and the minor child(ren);

B.) An order requiring Defendant/Plaintiff to pay reasonable child support as of the date(s) of birth;

C.) An order requiring Defendant/Plaintiff to obtain and maintain a hospital service plan for the benefit of the child(ren);

D.) The Court order a new birth certificate(s) be prepared and substituted in accordance with law;

E.) An order requiring Defendant/Plaintiff to pay all costs herein expended; and

F.) An order that the parties submit to genetic testing for the

purpose of establishing paternity herein.

Plaintiff

Telephone Number - Home

Telephone Number - Work

Cell Phone Number

**COUNTY OF OTTAWA,
STATE OF OHIO**

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

Notary Public/Deputy Clerk