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

JUDGE RICK RODGER

Case No.:	
NON-PARENT COMPLAINT FOR PARENTAGE.	
ALLOCATION OF PARENTAL RIGHTS AND RESPONSIBILIT	
TIME (COMPANIONSHIP AND	ſ
VISITATION)	
	NON-PARENT COMPLAINT FOR PARENTAGE,

Defendant(s)

NOW comes the Plaintiff(s), who hereby state(s) that they seek to be named the legal custodian(s) of the following child(ren):

Child (1) Name:	DOB:
Plaintiff(s)' Relation to Cl	hild (1):
Mother of Child (1):	
Mother's Address:	
Father of Child (1):	
Father's Address:	
	PATERNITY OF CHILD (1) ESTABLISHED BY [Mark one]:
	\square Acknowledgement of Paternity. Certified Birth Certificate submitted here with.
	☐ CSEA Administrative Order. Certified copy submitted herewith.
	□ Order of Court. Certified copy submitted herewith. □ Paternity Not Established
	a raterinty (vot Established
Child (2) Name:	DOB:
Plaintiff(s)' Relation to Cl	hild (2):
Mother of Child (2):	
Mother's Address:	
Father of Child (2):	
Father's Address:	
	PATERNITY OF CHILD (2) ESTABLISHED BY [Mark one]:
	$\hfill\square$ Acknowledgement of Paternity. Certified Birth Certificate submitted herewith.
	☐ CSEA Administrative Order. Certified copy submitted herewith.
	□ Order of Court. Certified copy submitted herewith. □ Paternity Not Established
	☐ Faterinty Not Established
Child (3) Name:	DOB:
Plaintiff(s)' Relation Chile	d (3):
Mother of Child (3):	
Mother's Address:	
Father of Child (3):	
Father's Address:	
	PATERNITY OF CHILD (3) ESTABLISHED BY [Mark one]:
	☐ Acknowledgement of Paternity. Certified Birth Certificate submitted herewith.
	☐ CSEA Administrative Order. Certified copy submitted herewith.
	□ Order of Court. Certified copy submitted herewith.□ Paternity Not Established
	— I decimity froe Established

Child (4) Name:		DOB:			
Plaintiff(s)' Relation Chi	ild (4):				
Mother of Child (4):					
Mother's Address:					
Father of Child (4):					
Father's Address:					
	☐ Acknowledgement of Pat	± 7			
	□ INFORM	ATION ABOUT ADDITIONAL CHILD(REN) ATTACHED.			
	tate that they can provide e child(ren) [Mark as appropriat	vidence to this Court that the parent(s)/ te]:			
□ abandoned the	e child(ren).				
□ contractually r	relinquished custody of the	child(ren).			
□ is/are totally u	nable to provide care or su	pport for the child(ren).			
•	se unsuitable such that an a the child(ren).	award of custody to the parent(s) would be			
Therefore, Pl [Mark as appropriate]:	aintiff(s) request(s) that th	is Court modify the existing order as follows			
☐ Designate the l	Plaintiff(s) as the legal cust	odian(s) of the child(ren).			
☐ Order reasonal	□ Order reasonable parenting time (visitation) for the parent(s) of the children.				
☐ Calculate and o	order child support for the	care and support of the child(ren).			
☐ Allocate the inc	come tax dependency exem	aption(s).			
	ponsible parties to provide f any uncovered medical ex	health insurance coverage for the child(ren) and penses.			
Plaintiff(s) fu	ırther state that said chang	es are in the child(ren)'s best interest.			
Respectfully Submit	tted,				
Plaintiff (1) Signature		Plaintiff (2) Signature			
Plaintiff (1) Typed Name	<u>e</u>	Plaintiff (2) Typed Name			

	AFFIDA	VIT
I	[Plaintiff omplaint ar true, accura	(1)], hereby swear or affirm under penalty of ad to the best of my knowledge and belief, the ate and complete without material omission.
FURTHER, THE AFFIANT SAY	ÆTH NAUC	GHT.
	Signaturo	f Plaintiff 1*
STATE OF OHIO	}	*Sign before Notary Public.
COUNTY OF	_}	
The Affiant, either known personall	ly to me or ha	aving provided sufficient identification, appeared
G		red, signed this Affidavit in my presence on this
day of	, 20	·
		Signature of Notary Public
		My Commission Expires:
[SEAL]		·
	AFFIDA	VIT
I perjury that I have read the foregoing C facts and information stated herein are	[Plaintiff omplaint ar true, accura	(2)], hereby swear or affirm under penalty of ad to the best of my knowledge and belief, the ate and complete without material omission.
FURTHER, THE AFFIANT SAY		-
	Cian atuma a	f plaintiff o*
CTLATE OF OTTO	Signature o	f Plaintiff 2* *Sign before Notary Public.
STATE OF OHIO	}	:
COUNTY OF	_}	
The Affiant, either known personall	ly to me or ha	aving provided sufficient identification, appeared
		red, signed this Affidavit in my presence on this
day of	, 20	·
		Signature of Notary Public
[SEAL]		My Commission Expires: