

**IN THE COURT OF COMMON PLEAS  
JUVENILE DIVISION  
CUYAHOGA COUNTY**

IN RE: \_\_\_\_\_  
(Child's Name)

CASE NO. \_\_\_\_\_

JUDGE \_\_\_\_\_

\_\_\_\_\_  
Plaintiff

**COMPLAINT FOR PATERNITY**

V.

\_\_\_\_\_  
Defendant

Office of Child Support Services  
Defendant

Now comes \_\_\_\_\_, pro se, pursuant to section 3111.04 of the Ohio  
(Name)

Revised Code and moves this court for an order establishing the parent child relationship between

\_\_\_\_\_ and the minor child, \_\_\_\_\_, who  
(Name) (Child's Name)

was born on \_\_\_\_\_.  
(Child's Date of Birth)

The plaintiff's relationship to the child is:  alleged father  mother  legal custodian  legal guardian.

The plaintiff states that the  child  mother and/or  alleged father reside in Cuyahoga County. Please select all that apply.

\_\_\_\_\_ and \_\_\_\_\_ had sexual relations in Ohio,  
(Plaintiff) (Defendant or Alleged Parent's Name)  
and as a result, the above-named child was born.

The plaintiff further states that no other person is presumed to be the father of the child.

\_\_\_\_\_ is the natural father of the child.  
(Alleged father's name if different than Plaintiff)

I am filing this action pursuant to R.C. 3111.28 to rescind the Acknowledgment of Paternity Affidavit signed on \_\_\_\_\_ on the basis of fraud, duress, or material mistake of fact.  
(Date)

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I am filing this action in order to request an order to determine the allocation of parental rights and responsibilities.

Wherefore, the plaintiff moves this court for an order requiring all necessary parties to submit to DNA testing, for an order establishing the existence or nonexistence of the parent child relationship between the child and the alleged father(s), for the issuance of a new birth certificate, and for such orders to which the plaintiff may be entitled.

\_\_\_\_\_  
Name, Pro Se

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Email

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INSTRUCTIONS TO THE CLERK'S FOR SERVICE

Please issue a copy of the foregoing complaint via certified mail, together with a civil summons to:

1. Defendant: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

2. The child, \_\_\_\_\_, by and through the child's

guardian/custodian: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

3. Office of Child Support Services  
P.O. Box 93894  
Cleveland, OH 44101