

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

IN RE: _____ CASE NO. _____
(Child's Name)

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

Signature

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