

**IN THE COURT OF COMMON PLEAS
Domestic Relations Division
LAKE COUNTY, OHIO**

Name	:	
	:	Case No. _____
Street Address	:	
	:	Judge <u>Colleen A. Falkowski</u>
City, State and Zip Code	:	
	:	
	:	Plaintiff
	:	Magistrate _____
vs.	:	
	:	
Name	:	
	:	
Street Address	:	
	:	
City, State and Zip Code	:	
	:	
	:	Defendant

Instructions: This form is used to request child support if you and your spouse are married and have (a) minor child(ren), child(ren) with disabilities, and/or you or the Spouse are/is pregnant. Check to determine if you meet the residency requirement to file in this county. A Request for Service (Uniform Domestic Relations Form 28) must be filed with this form. The Parenting Proceeding Affidavit for Child Custody/Support must be filed.

COMPLAINT FOR CHILD SUPPORT FOR MARRIED PARENTS

I, the Plaintiff, for this Complaint say:

1. I have been a resident of the State of Ohio for at least six months.
2. I have been a resident of _____ County for at least 90 days immediately before the filing of this Complaint; or
 The Defendant resides in _____ County where this Complaint is filed.
3. The Defendant and I were married to one another on _____ (date of marriage) in _____ (city or county, and state).
The Defendant and I have lived separate and apart without cohabitation and without interruption since _____ (date of separation).

4. I state regarding child(ren) (check all that apply):

- There is/are no child(ren) expected from this marriage or relationship.
- There is/are child(ren) expected from this marriage or relationship and the approximate due date is: _____.
- There is/are no child(ren) from this marriage or relationship.
- The parties are parents of _____ (number) child(ren) from this marriage or relationship. Of the child(ren), _____ (number) is/are emancipated adult(s) and not under a disability. The following _____ (number) child(ren) is/are minor child(ren) and/or mentally or physically disabled and incapable of supporting or maintaining themselves (name and date of birth of each child):

Name of Child	Date of Birth
_____	_____
_____	_____
_____	_____
_____	_____

I am not the parent of the following child(ren) (name and date of birth of each child):

The Spouse is not the parent of the following child(ren) (name and date of birth of each child):

I request that a child support order be granted, and that the Court determine the following: (check all that apply):

- The Defendant be ordered to pay child support and medical support.
- The Defendant be required to pay attorney fees.
- The Defendant be required to pay the court costs of the proceeding.
- The Court make the following additional orders: _____

and that the Court grant such other and further relief as the Court may deem proper.

Your Signature

Telephone number at which the Court may reach you
or at which messages may be left for you