

**COURT OF COMMON PLEAS
DOMESTIC RELATIONS DIVISION
CLERMONT COUNTY, OHIO**

Case Number: _____

Your Name

Street Address

City, State and Zip Code

Plaintiff

vs.

**SPOUSE'S COMPLAINT FOR
CHILD SUPPORT - MARRIED
LIVING SEPARATE AND APART**

Spouse's Name

Street Address

City, State and Zip Code

Defendant

I, the Plaintiff, state:

1. I am a resident of Clermont County, Ohio, and have been since _____.

2. My spouse and I are the biological parents or the adoptive parents of the following minor child/ren:

Name

Date of Birth

3. My spouse and I have been living separate and apart since _____, and our child/ren reside/s with me.

4. My spouse has a legal obligation to support our child/ren, but has failed to do so.

5. I am requesting the Court to order my spouse to pay child support and cash medical support and provide health insurance for the child/ren if reasonable in cost.
6. I am asking the Court to make the following orders with respect to parenting time for my spouse:

Your Signature

Email Address

Phone Number