

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

Case Number: _____

Your Name

Street Address

City, State and Zip Code

Plaintiff

**THIRD PARTY COMPLAINT FOR
CHILD SUPPORT**

vs.

Parent's Name

Street Address

City, State and Zip Code

AND

Parent's Name

Street Address

City, State and Zip Code

Defendants

I, the Plaintiff, state:

1. I am a resident of Clermont County, Ohio, and have been since _____.
2. Defendants are the biological parents or the adoptive parents of the following minor child/ren:

Name

Date of Birth

3. I am the legal custodian of the minor child/ren based on a court order issued by _____ Court in case number _____.

4. The parents are (check only of the following)

married to each other.

unmarried but this Court has issued a custody order in Case No. _____ (insert case number).

5. Defendants have a legal obligation to support their child/ren, but have failed to do so.

6. I am asking the Court to order Defendants to pay child support and cash medical support and provide health insurance for the child/ren if reasonable in cost.

7. I am asking the Court to make the following orders with respect to parenting time:

Your Signature

Email Address

Phone Number