

**IN THE COURT OF COMMON PLEAS OF HANCOCK COUNTY, OHIO
JUVENILE DIVISION**

(Your Name)

(Address)

(City, State Zip Code)

DOB: _____

Plaintiff

VS.

(Other Parents Name)

Address)

(City, State Zip Code)

DOB: _____

Defendant

CASE NO. _____

**COMPLAINT FOR SUPPORT:
OBJECTION TO ADMINISTRATIVE
ORDER**

JUDGE KRISTEN K. JOHNSON

1. Plaintiff is the _____ of the
(Relationship to child (Mother/Father) for person listed above as Plaintiff)

minor child, _____ born
(Child's Name)

6. Wherefore, Plaintiff requests this Court to issue an order for the payment of support and provisions for health care for the minor child, _____, and such other further relief as the Court deems just and proper.

(Name of Child)

Respectfully submitted,

(Please sign here)

PRAECIPE

TO THE CLERK OF COURT:

Please serve the forgoing Complaint on the plaintiff /defendant (circle one) by certified mail, return receipt requested, at the address stated in the caption above, in accordance with Rule 4.1 of the Ohio Rules of Civil Procedure.

If the same should be returned “unclaimed” or “refused” please cause a true copy of the forgoing Complaint to be served upon the defendant at the address stated in the caption, by regular U.S. mail, pursuant to Rule 4.6 of the Ohio Rules of Civil Procedure.

(Please sign here)