

**IN THE COURT OF COMMON PLEAS  
GENERAL DIVISION  
CLERMONT COUNTY, OHIO**

**GENERAL INFORMATION REGARDING FILING COMPLAINT FOR  
COMPANIONSHIP/VISITATION BY GRANDPARENTS AND RELATED FAMILY MEMBERS**

- Filing fees are required at the time of filing and can be cash, personal check or money order. **FILING FEES ARE NON-REFUNDABLE.** Visitation Complaints- \$165.00
- All information on the attached forms must be completed in full.
- You may type, print, or clearly write the information on the forms.
- **YOUR PAPERWORK CANNOT BE PROCESSED IF WE DO NOT HAVE COMPLETE AND CURRENT ADDRESSES FOR ALL PARTIES.**
- The paperwork can be completed on-line and mailed or you can obtain it at the counter and turn in at the counter or you may take it with you and return it by mail.
- If you send the paperwork by mail, your signatures must be notarized, and you must return it along with the filing fee in the form of a money order or personal check may payable to “Clermont County Common Pleas Clerk of Courts.” The mailing address is:

Clermont County Common Pleas Clerk of Courts  
270 E. Main Street  
Batavia, OH 45103

- Once your paperwork has been processed, you will be notified by mail of the date and time of your hearing. If your hearing notice is returned marked “undeliverable as address” and you have not notified the Clerk of Courts of your new address in writing the complaint may be dismissed without further action.
- If the hearing notice which has been sent to the other party is returned to the Court marked “undeliverable as address,” you will be contacted by the Court for a new address. It is your responsibility to provide a good address in writing to the Clerk of Courts as soon as possible. If you fail to provide a good address, and the complaint has not been served at the time of hearing and the other party does not appear at the hearing, the complaint may be dismissed without further action.

- The staff at Common Pleas Court and Clerk of Courts is not permitted to give you legal advice. Examples of legal advice are:

What should I do?

What are my rights?

What will the Magistrate or Judge do?

Can I take the child from the parent?

If you want legal advice, you must contact an attorney. If you need help finding an attorney, you may contact the [Ohio Supreme Court for Certified Lawyer Referral Services in Ohio](#).

If you have general questions regarding custody, shared parenting and visitation, please call Juvenile Court at (513) 732- 7835.

**COURT OF COMMON PLEAS  
GENERAL DIVISION  
CLERMONT COUNTY, OHIO**

**IN THE MATTER OF:**

**CASE NO.** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Minor Child(ren)**

**Plaintiff**

COMPLAINT FOR  
COMPANIONSHIP/VISITATION BY  
GRANDPARENTS AND RELATED FAMILY  
MEMBERS

**vs.**

\_\_\_\_\_  
**Defendant**

**WARNING: This form is not a substitute for the benefit of the advice of legal counsel. It is highly recommended that you consult an attorney.**

**INSTRUCTIONS: This form is used to be legally recognized as grandparent of the child(ren) or related family member, to obtain companionship/visitation time with the child(ren). The Court may require additional forms to accompany this document. You must check the requirements of the County in which you file. YOU MUST UPDATE THE CLERK OF COURTS IF ANY OF THE CONTACT INFORMATION CHANGES.**

Now comes Plaintiff and states as follows:

1) Plaintiff is a grandparent or related family member of the following child(ren):

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

2) Defendant, \_\_\_\_\_, (name), is a parent of the following child(ren):

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

3) The child(ren) has/have resided in \_\_\_\_\_ County, Ohio since \_\_\_\_\_(date).

4) A parent-child relationship has been established for the following child(ren):

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

<b>ESTABLISHED BY</b> ___ Acknowledgement of Paternity ___ Administrative Order ___ Court Order ___ Acknowledgement of Paternity ___ Administrative Order ___ Court Order ___ Acknowledgement of Paternity ___ Administrative Order ___ Court Order
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5) A parent-child relationship has not been established for the following child(ren):

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

6)  No court has issued an order of parenting or support for the following child(ren):

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

The following child(ren) is/are subject to an existing order of parenting or support of another Court:

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

7) Plaintiff requests that the Court (check ALL that apply):

Order reasonable parenting time (companionship or visitation).

Other (specify):

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8) I hereby authorize the Court to perform a check of the Central Registry of Child Abuse and Neglect as well as a criminal background check.

\_\_\_\_\_  
Attorney or Self-Represented Party Signature

\_\_\_\_\_  
Your Printed Name

\_\_\_\_\_  
Supreme Court Reg. No. of Attorney

**IN THE COURT OF COMMON PLEAS  
GENERAL DIVISION  
CLERMONT COUNTY, OHIO**

\_\_\_\_\_ Case No. \_\_\_\_\_  
Plaintiff/Petitioner 1

Vs./and Judge \_\_\_\_\_

\_\_\_\_\_ Defendant/Petitioner 2/Respondent

**Instructions:** By law, this affidavit must be filed and served with any Complaint, Petition or Motion regarding the allocation of parent rights and responsibilities, parenting time, custody, or visitation. Each party has a continuing duty while this case is pending to inform the Court of any parenting proceeding concerning the child(ren) in any other court in this or any other state. **If more space is needed, add additional pages.**

**PARENTING PROCEEDING AFFIDAVIT (R.C. 3127.23(A))**  
Affidavit of \_\_\_\_\_  
(Print Name)

**ONLY CHECK THE FOLLOWING BOX IF YOU BELIEVE THAT THE HEALTH, SAFETY, OR LIBERTY OF YOURSELF OF YOUR CHILD(REN) WOULD BE JEOPARDIZED BY THE DISCLOSURE OF YOUR ADDRESS OR IDENTIFYING INFORMATION. YOU ACKNOWLEDGE THAT THE COURT MAY CONDUCT A HEARING REGARDING THE BASIS FOR YOUR REQUEST.**

Pursuant to R.C. 3127.23(D), I allege that my health, safety, or liberty or that of my child(ren) would be jeopardized by the disclosure of identifying information to my spouse or the public. Therefore, I request that my address be placed under seal. I have marked the corresponding box next to each address I am requesting to be sealed.

**1. (Number): \_\_\_\_\_ Minor child(ren) is/are subject to this case as follows:**

Insert the information requested below for all minor or dependent children of the parties. You must list the residences for all places where the children have lived for the last **FIVE** years.

a. Child's name		Place of birth	Date of Birth	Sex <input type="checkbox"/> M <input type="checkbox"/> F
_____		_____	_____	
Date of residence	Address Confidential	Person child lived with (name and address)		Relationship
_____ to present	<input type="checkbox"/>	_____ _____		_____
_____ to _____	<input type="checkbox"/>	_____ _____		
_____ to _____	<input type="checkbox"/>	_____ _____		

<b>b. Child's name</b>		<b>Place of birth</b>	<b>Date of Birth</b>	Sex <input type="checkbox"/> M <input type="checkbox"/> F
_____		_____	_____	
<input type="checkbox"/> Check this box if the information below is the same as in Section 1(a). Skip to the next question.				
Date of residence	Address Confidential	Person child lived with (name and address)		Relationship
_____ to present	<input type="checkbox"/>	_____ _____		_____
_____ to _____	<input type="checkbox"/>	_____ _____		
_____ to _____	<input type="checkbox"/>	_____ _____		

<b>c. Child's name</b>		<b>Place of birth</b>	<b>Date of Birth</b>	Sex <input type="checkbox"/> M <input type="checkbox"/> F
_____		_____	_____	
<input type="checkbox"/> Check this box if the information below is the same as in Section 1(a). Skip to the next question.				
Date of residence	Address Confidential	Person child lived with (name and address)		Relationship
_____ to present	<input type="checkbox"/>	_____ _____		_____
_____ to _____	<input type="checkbox"/>	_____ _____		
_____ to _____	<input type="checkbox"/>	_____ _____		

d. Additional children are listed in Attachment 1(d). (Provide requested information for additional children on an attachment labeled 1(d).)

**2. Participation in custody case(s): (Check only one box)**

**I HAVE NOT** participated as a party, witness, or in any capacity in any other case, in this or any other state, concerning the custody of or visitation (parenting time), with any child subject to this case.

**I HAVE** participated as a party, witness, or in any capacity in any other case, in this or any other state, concerning the custody of or visitation (parenting time), with any child subject to this case.

Explain: \_\_\_\_\_

a. Name of each child: \_\_\_\_\_

b. Type of case: \_\_\_\_\_

c. Court and State: \_\_\_\_\_

d. Date and court order or judgement (if any): \_\_\_\_\_

3. **Information about custody case(s): (Check only one box)**

**I HAVE NO INFORMATION** of any cases that could affect the current case, including any cases relating to custody; domestic violence or protection orders; dependency, neglect, or abuse allegations; or adoptions concerning any child subject to this case.

**I HAVE THE FOLLOWING INFORMATION** concerning cases that could affect the current case, including any cases relating to custody; domestic violence or protection orders; dependency, neglect, or abuse allegations; or adoptions concerning a child subject to this case, other than listed in Paragraph 2.

Explain: \_\_\_\_\_

- a. Name of each child: \_\_\_\_\_
- b. Type of case: \_\_\_\_\_
- c. Court and State: \_\_\_\_\_
- d. Date and court order or judgment (if any): \_\_\_\_\_

4. **Information about criminal convictions:** List all of the criminal convictions, including guilty pleas, for you and the members of your household for the following offenses: any criminal offense involving acts that resulted in a child being abused or neglected; any domestic violence offense that is a violation of R.C. 2919.25; any sexually oriented offense as defined in R.C. 2950.01; and any offense involving a victim who was a family or household member at the time of the offense and caused physical harm to the victim during the commission of the offense.

NAME	CASE NUMBER	COURT/COUNTY/STATE	CHARGE

5. **Persons not a party to this case: (Check only one box)**

**I DO NOT KNOW OF ANY PERSON** not a party to this case who has physical custody or claims to have custody or visitation rights with respect to any child subject to this case.

**I KNOW THAT THE FOLLOWING NAMED PERSON(S)** not a party to this case has/have physical custody or claim(s) to have custody or visitation rights with respect to any child subject to this case.

a. Name/Address of Person: \_\_\_\_\_

has physical custody  claims custody rights  claims visitation rights

Name of each child: \_\_\_\_\_

b. Name/Address of Person: \_\_\_\_\_

has physical custody  claims custody rights  claims visitation rights

Name of each child: \_\_\_\_\_

c. Name/Address of Person: \_\_\_\_\_

has physical custody  claims custody rights  claims visitation rights

Name of each child: \_\_\_\_\_

6. **Knowledge of prior child support proceedings: (X only one)**

The child(ren) described in this affidavit are NOT subject to existing child support order(s) in this or any state of territory.

The child(ren) described in this affidavit ARE subject to the following existing child support order(s). Explain:

a. Name of each child: \_\_\_\_\_

b. Type of proceeding: \_\_\_\_\_

c. Court and State: \_\_\_\_\_

d. Date of Court Order or Judgement (if any): \_\_\_\_\_

e. Amount of child support paid and by whom: \_\_\_\_\_

7. I understand that I have a continuing duty to advise this Court of any custody, visitation, parenting time, divorce, dissolution of marriage, separation, neglect, abuse, dependency, guardianship, parentage, termination of parental rights, or protection order from domestic violence case concerning the children about whom information is obtained during this case.

**OATH OR AFFIRMATION**

*(Do not sign until Notary Public or Deputy Clerk is present)*

I, (print name) \_\_\_\_\_, swear or affirm that I have read this Affidavit and, to the best of my knowledge and belief, that facts and information stated in this Affidavit are true, accurate, and complete. I understand that if I do not tell the truth, I may be subject to criminal charges or perjury with criminal penalties.

\_\_\_\_\_  
Signature

STATE OF \_\_\_\_\_ )

) **SS**

COUNTY OF \_\_\_\_\_ )

Sworn to or affirmed before me by \_\_\_\_\_ this \_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Signature of Notary Public/Deputy Clerk

\_\_\_\_\_  
Printed Name of Notary Public/Deputy Clerk

Commission Expiration Date: \_\_\_\_\_

(Affix seal here)

**COURT OF COMMON PLEAS  
GENERAL DIVISION  
CLERMONT COUNTY, OH**

IN THE MATTER OF:

\_\_\_\_\_

A Minor

\_\_\_\_\_

Name

Case No. \_\_\_\_\_

\_\_\_\_\_

Street Address

Judge: \_\_\_\_\_

\_\_\_\_\_

City, State and Zip Code

Plaintiff/Petitioner 1

Vs./and

\_\_\_\_\_

Name

\_\_\_\_\_

Street Address

\_\_\_\_\_

City, State and Zip Code

Defendant/Petitioner2/Respondent

**WARNING: This form is not a substitute for the benefit of the advice of legal counsel. It is highly recommended that you consult an attorney.**

**Instructions:** This form is used when you want to request documents to be served on the other party. You must indicate the requested method of service by marking the appropriate box. The Court may require additional forms to accompany this document. You must check the requirements of the county in which you file. **YOU MUST UPDATE THE CLERK OF COURTS IF ANY OF THE ABOVE CONTACT INFORMATION CHANGES.**

**REQUEST FOR SERVICE**

TO THE CLERK OF COURT:

Please serve the summons, complaint and parenting affidavit that I have filed upon the individuals set forth below by:

Certified Mail

Sheriff of \_\_\_\_\_ County, Ohio by personal service or residential service

Other \_\_\_\_\_

Special Instructions to Sheriff: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**COURT OF COMMON PLEAS  
GENERAL DIVISION, CLERMONT COUNTY OHIO**

**FOLLOWING ADDRESSES ARE MANDATORY**  
**Please include apartment numbers, lot numbers, etc.**

\_\_\_\_\_  
Plaintiff/Petitioner 1 Name

\_\_\_\_\_  
Defendant/Petitioner 2/Respondent Name

\_\_\_\_\_  
Plaintiff/Petitioner 1 Street Address

\_\_\_\_\_  
Defendant/Petitioner 2/Respondent Street Address

\_\_\_\_\_  
Plaintiff/Petitioner 1 City, State and Zip

\_\_\_\_\_  
Defendant/Petitioner 2/Respondent City, State and Zip

\_\_\_\_\_  
Plaintiff/Petitioner 1 Telephone Number

\_\_\_\_\_  
Defendant/Petitioner 2/Respondent Telephone Number

\_\_\_\_\_  
Plaintiff/Petitioner Email Address

\_\_\_\_\_  
Defendant/Petitioner 2/Respondent Email Address

\_\_\_\_\_  
Defendant/Petitioner 2/Respondent Place of Employment

\_\_\_\_\_  
Legal Custodian's Name

\_\_\_\_\_  
Defendant/Petitioner 2/Respondent Employment Street Address

\_\_\_\_\_  
Legal Custodian's Street Address

\_\_\_\_\_  
Defendant/Petitioner 2/Respondent Employment City, State  
and Zip

\_\_\_\_\_  
Legal Custodian's City, State and Zip

\_\_\_\_\_  
Legal Custodian's Telephone Number

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Attorney or Self-Represented Party Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State and Zip

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Fax Number

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Supreme Court Reg. No. of Attorney

**COURT OF COMMON PLEAS, GENERAL DIVISION  
CLERMONT COUNTY, OHIO**

**INFORMATION NEEDED FOR PATERNITY/CUSTODY/SHARED PARENTING/VISITATION CASES  
FILL OUT ALL INFORMATION COMPLETELY – INFORMATION FOR COURT USE ONLY**

1. Your name: \_\_\_\_\_ Date \_\_\_\_\_  
DOB: \_\_\_\_\_  
SS#: \_\_\_\_\_  
Your address: \_\_\_\_\_  
Your telephone number: Cell: \_\_\_\_\_ Work: \_\_\_\_\_  
Email address: \_\_\_\_\_  
Your relationship to child: \_\_\_\_\_
2. Name of child/children: \_\_\_\_\_  
DOB of child/children: \_\_\_\_\_  
Present address of child/children: \_\_\_\_\_  
Who does the child currently live with/relationship: \_\_\_\_\_
3. Natural Mother's Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
SS#: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone number: Cell: \_\_\_\_\_ Work: \_\_\_\_\_  
Email address: \_\_\_\_\_
4. Natural Father's Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
SS#: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone number: Cell: \_\_\_\_\_ Work: \_\_\_\_\_  
Email address: \_\_\_\_\_
5. Legal Custodian's Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
SS#: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone number: Cell: \_\_\_\_\_ Work: \_\_\_\_\_  
Email address: \_\_\_\_\_
6. Have you and/or either natural parent even been involved in any other custody case in any Court? If yes, specific Court and reason: \_\_\_\_\_
7. Is there an existing Juvenile Court case in this county? \_\_\_\_\_
8. Has the Child Support Enforcement Agency conducted an Administrative Hearing? \_\_\_\_\_

9. Has this child, family, or you ever been contacted by or involved with Children's Protective Services in this state or any other state? \_\_\_\_\_ If yes, specific where: \_\_\_\_\_

10. The natural mother has:  abandoned the child(ren)  
 has agreed to my obtaining custody  
 has a total inability to provide care or support

Based on the following facts: \_\_\_\_\_

11. The natural father has:  abandoned the child(ren)  
 has agreed to my obtaining custody  
 has a total inability to provide care or support

Based on the following facts: \_\_\_\_\_

12. It would be in the child(ren)'s best interest to award custody or visitation to me for the following reasons:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

13. Any other information the Court should be aware of: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

14. Are you aware of any upcoming court dates that the other party has pending?

Yes If so, name of county, court and the date: \_\_\_\_\_

No \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name