

**CONTESTING PATERNITY**  
**COMPLAINT TO RESCIND ACKNOWLEDGMENT**

**INSTRUCTIONS**  
**WARNING**

**ONLY USE THESE FORMS IF ALL APPLY:**

1. An acknowledgment of paternity was signed and is final.
2. The acknowledgment was final less than one (1) year ago.
3. You are the presumed father, or one of people signing the acknowledgment or the guardian or legal custodian of the child.

**BE SURE YOU WANT TO FILE: IF YOU FILE AND LOSE, YOU PAY COSTS AND ATTORNEY FEES OF THE ADVERSE PARTY OR PARTIES.**

**A. FILLING OUT THE FORMS – TYPEWRITTEN OR IN INK**

1. All of the enclosed forms should be filled out before you go to the Court to file them. The Clerk of Courts' staff will not help you in completing the forms.
2. Complaint to Rescind Acknowledgment – Fill in the name of the county and court division (i.e. Juvenile, Domestic Relations). You are the Plaintiff, the other parent is the Defendant. Fill in the name, address, phone number and birth date for both parties. Leave the line after CASE NO., JUDGE, and MAGISTRATE blank.

In paragraph 1, fill in the date the acknowledgment was signed. Check the box and fill in the name of the person who signed the acknowledgment. Fill in the child's name and date of birth.

In paragraph 2, check the box next to the statement that applies.

In paragraph 3, check the box next to the statement that applies.

In paragraph 4, state specifically the reason you want the acknowledgment rescinded. **If you checked fraud, you must specifically explain your reasons for believing that there is fraud.** Sign your name and address.

Under **Instructions for Service**, sign and fill in your telephone number.

3. **Entry** – Fill in the county, court division, and name of the Plaintiff and Defendant.
4. **Financial Disclosure/Affidavit of Indigency**- Detailed instructions attached.
5. Remove the instructions sheets and make three copies of each page of each form.

**B. FILING THE COMPLAINT**

1. After the forms are filled out and copies, YOU MUST TAKE THEM to the Clerk of Court's office to be filed.
2. When you file your Complaint, the Clerk's office staff will take the original and three copies of your papers. You should ask the Clerk to time-stamp your copy of the Complaint and accompanying forms. This will be your proof that you filed the originals. The Judgment Entry will not be file-stamped at this time.

**This is a regular civil case. The Defendant will be given 28 days from the date he or she receives the papers to respond.**

**C. PREPARATION FOR THE HEARING**

1. You should present a neat appearance to the Court. The Court will not permit anyone to appear in court if he or she is wearing any of the following items of clothing; a hat, shorts, sandals, sleeveless shirts, tops or blouses, clothing displaying indecent language or pictures, or clothing with large rips and holes. Make sure that your witnesses know this and comply with these requirements.
2. You must be prepared for the hearing. You should have with you any witnesses that you wish to use to support your request. You should also bring any papers or other physical evidence that you want the Magistrate/Judge to see. **It is your burden to prove that the acknowledgment should be rescinded (cancelled).**

**4. Any evidence intended to be presented to the Magistrate/Judge from social media or from a cell phone must be printed prior to the hearing. Please review the Representing Yourself In Court A Citizens Guide, prior to attending the hearing.**

5. **VERY IMPORTANT: This is not the time to tell the Magistrate/Judge everything that the other person has done that you disagree with or that has hurt or angered you. The Magistrate/Judge will only want to hear the evidence that you have that shows that the acknowledgment should be rescinded. Be prepared to limit your testimony to those points raised in your written request.**
6. At the hearing, you may be asked questions by the Magistrate/Judge or by the other party or by an attorney. Directly respond to the questions. Listen to the question; make sure that you understand the questions; and answer the question. If you do not understand the question, ask to have the question explained to you before answering it. Never answer a question you do not understand.

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

\_\_\_\_\_  
(Name) )  
\_\_\_\_\_  
(Address) )  
\_\_\_\_\_  
(City, State, Zip) )  
\_\_\_\_\_  
(Telephone Number) )  
\_\_\_\_\_  
(Date of Birth) )  
Plaintiff/Petitioner )

VS )

\_\_\_\_\_  
(Name) )  
\_\_\_\_\_  
(Address) )  
\_\_\_\_\_  
(City, State, Zip) )  
\_\_\_\_\_  
(Telephone Number) )  
\_\_\_\_\_  
(Date of Birth) )  
Defendant/Petitioner )

Case Number \_\_\_\_\_

Judge:

Magistrate:

**COMPLAINT TO RESCIND  
ACKNOWLEDGMENT**

1. On \_\_\_\_\_, an acknowledgment of paternity was signed by:

- \_\_\_\_\_ Mother
- \_\_\_\_\_ Father

for the minor child(ren) \_\_\_\_\_ date of birth \_\_\_\_\_  
(attach a copy of the affidavit or the child's birth record)

2. I am the Plaintiff who is:

- Presumed father who did not sign the acknowledgment
- Person who signed acknowledgment
- Guardian or legal custodian of the child

3. I am asking the Court for relief from the acknowledgment on the basis of:

- fraud
- duress
- material mistake of fact

State the specific facts supporting this allegation:

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Wherefore, Plaintiff asks this Court for a judgment rescinding the acknowledgment and proceeding in this matter under Ohio Revised Code §3119.81.

Respectfully submitted,

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**INSTRUCTIONS FOR SERVICE**

**TO THE CLERK:**

Please issue a Summons and serve a copy of the Complaint to Rescind Acknowledgment and all ancillary papers on the Defendant at the address in the caption by CERTIFIED MAIL SERVICE, return receipt requested with a return thereof as required by law. Please also serve a copy of the Complain to the \_\_\_\_\_ County Department of Job and Family Services, Child Support Division by ordinary U.S. Mail.

\_\_\_\_\_  
Plaintiff

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

**INSTRUCTIONS FOR POVERTY AFFIDAVIT**

**- PRINT OR TYPE -**

1. Fill in whether this is a *GENERAL* division Common Pleas Court case (after a divorce or dissolution or visitation only action) or a *JUVENILE* Division case (the original order is out of a juvenile court)
2. Fill in the name of the county where the Court is.
3. Fill in the name of the Minor Child(ren) involved in this action OR the Plaintiff and Defendant as it appears on your papers.
4. Fill in the Case Number and the Judge of the action if you know it, leave it blank if you don't.
5. Fill in your name.
6. Sign your name **ONLY IN FRONT OF A NOTARY** if the affidavit is correct.

**MAKE 2 COPIES AND TAKE WITH THE MOTION TO THE COURT**

**PLEASE NOTE: FILING WITH A POVERTY AFFIDAVIT DOES NOT MEAN YOU DO NOT HAVE TO PAY COURT COSTS. IT ONLY MEANS THAT YOU DO NOT HAVE TO PAY IT IN ADVANCE. THE COURT WILL DETERMINE WHO IS TO PAY COURT COSTS AT THE TIME OF THE HEARING.**

**\*\*SAMPLE\*\***

IN THE COURT OF COMMON PLEAS

1) GENERAL OR JUVENILE DIVISION

2) NAME OF COUNTY, OHIO

In The Matter of:

3) NAME OF CHILDREN

\_\_\_\_\_

3) NAME OF PLAINTIFF,

Plaintiff,

vs.

3) NAME OF DEFENDANT

Defendant.

Case No. 4) CASE NUMBER

Judge \_\_\_\_\_

AFFIDAVIT OF INABILITY  
TO PREPAY COURT COSTS.

I, 5) FILL IN YOUR NAME, being first duly cautioned and sworn, depose

and state:

1. That I am a party in interest in the above-captioned action; that I have a meritorious cause of action but am unable to give security or a cash deposit to secure costs.
2. That I am unable to afford the hiring of an attorney to represent me in this matter.
3. That I own no liquid assets or property of any substantial value to prepay costs.

**6) SIGN YOUR NAME IN FRONT  
OF NOTARY ONLY**

Sworn to and subscribed in my presence this \_\_\_\_\_ day of \_\_\_\_\_,  
20\_\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC

IN THE COURT OF COMMON PLEAS  
\_\_\_\_\_ DIVISION

\_\_\_\_\_ COUNTY, OHIO

In The Matter of:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Plaintiff,

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

Judge \_\_\_\_\_

vs.

AFFIDAVIT OF INABILITY TO  
PREPAY COURT COSTS

\_\_\_\_\_

Defendant.

I, \_\_\_\_\_, being first duly cautioned and sworn,

depose and state:

1. That I am a party in interest in the above-captioned action; that I have a meritorious cause of action but am unable to give security or a cash deposit to secure costs.
2. That I am unable to afford the hiring of an attorney to represent me in this matter.
3. That I own no liquid assets or property of any substantial value to prepay costs.

\_\_\_\_\_

Sworn to and subscribed in my presence this \_\_\_\_\_ day of \_\_\_\_\_,  
20\_\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC



**FORM 20. CIVIL FEE WAIVER AFFIDAVIT AND ORDER**

IN \_\_\_\_\_

	)	CASE NO.
	)	
Plaintiff,	)	JUDGE
	)	
vs.	)	
	)	
Defendant.	)	<b><u>FINANCIAL DISCLOSURE / FEE- WAIVER AFFIDAVIT AND ORDER</u></b>

Pursuant to R.C. 2323.311, the below-named Applicant requests that the Court determine that the Applicant is an indigent litigant and be granted a waiver of the prepayment of costs or fees in the above captioned matter. The Applicant submits the following information in support of said request.

Personal Information			
Applicant's First Name	Applicant's Last Name		
Applicant's Date of Birth	Last 4 Digits of Applicant's SSN		
Applicant's Address			
Other Persons Living in Your Household			
First Name	Last Name	Is this person a child under 18?	Relationship (Spouse or Child)
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Public Benefits			
I receive the following public benefits and my gross income, including the cash benefits marked below, does not exceed <b>187.5%</b> of the federal poverty guidelines.			
Place an "X" next to any benefits you receive.			
Ohio Works First <sup>1</sup> : ___    SSI <sup>2</sup> : ___    Medicaid <sup>3</sup> : ___    Veterans Pension Benefit <sup>4</sup> : ___    SNAP / Food Stamps <sup>5</sup> : ___			
Monthly Income			
I am <b>NOT</b> able to access my spouse's income <input type="checkbox"/>			
	Applicant	Spouse (If Living in Household)	Total Monthly Income

Gross Monthly Employment Income, including Self-Employment Income (Before Taxes)	\$	\$	\$
Unemployment, Worker's Compensation, Spousal Support (If Receiving)	\$	\$	\$
<b>TOTAL MONTHLY INCOME</b>			\$
<b>Liquid Assets</b>			
<b>Type of Asset</b>	<b>Estimated Value</b>		
Cash on Hand	\$		
Available Cash in Checking, Savings, Money Market Accounts	\$		
Stocks, Bonds, CDs	\$		
Other Liquid Assets	\$		
<b>Total Liquid Assets</b>			\$
<b>Monthly Expenses</b>			
<b>Column A</b>		<b>Column B</b>	
<b>Type of Expense</b>	<b>Amount</b>	<b>Type of Expense</b>	<b>Amount</b>
Rent / Mortgage / Property Tax / Insurance	\$	Insurance (Medical, Dental, Auto, etc.)	\$
Food / Paper Products/Cleaning Products/Toiletries	\$	Child or Spousal Support that You Pay	\$
Utilities (Heat, Gas, Electric, Water / Sewer, Trash)	\$	Medical / Dental Expenses or Associated Costs of Caring for a Sick or Disabled Family Member	\$
Transportation / Gas	\$	Credit Card, Other Loans	\$
Phone	\$	Taxes Withheld or Owed	\$
Child Care	\$	Other (e.g. garnishments)	\$
<b>Total Column A Expenses</b>	\$	<b>Total Column B Expenses</b>	\$
<b>TOTAL MONTHLY EXPENSES (Column A + Column B)</b>			

I, \_\_\_\_\_, hereby certify that the information I have provided on  
 (Print Name)  
 this financial disclosure form is true to the best of my knowledge and that I am unable to prepay the costs or fees in this case.

\_\_\_\_\_  
 Signature

**NOTARY PUBLIC:**

Sworn to before me and signed in my presence this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_,  
 in \_\_\_\_\_ County, Ohio.

\_\_\_\_\_  
 Notary Public (Signature)

\_\_\_\_\_  
 Notary Public (Printed)  
 My Commission expires: \_\_\_\_\_

If available, an individual duly authorized to administer this oath at the Clerk of Court's Office will do so at no cost to the Applicant.

\_\_\_\_\_

**ORDER**

- Upon the request of the Applicant and the Court's review, the Court finds that the Applicant **IS** an indigent litigant and **GRANTS** a waiver of the prepayment of costs or fees in this matter. Pursuant to R.C. 2323.311(B)(3), upon the filing of a civil action or proceeding and the affidavit of indigency under division (B)(1) of this section, the clerk of the court shall accept the action, motion, or proceeding for filing.
  
- Upon the request of the Applicant and the Court's review, the Court finds that the Applicant is **NOT** an indigent litigant and **DENIES** a waiver of the prepayment of costs or fees in this matter. Applicant is granted thirty (30) days from the issuance of this Order to make the required advance deposit or security. Failure to do so within the time allotted may result in dismissal of the applicant's filing.

**IT IS SO ORDERED**

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Judge / Magistrate

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Date

[Effective: April 15, 2020.]

## APPENDIX

### 2020 FEDERAL POVERTY LIMIT (FPL)

Persons in family/household	100% Poverty	100% Poverty Monthly Gross Income	187.5% Poverty	187.5% Poverty Monthly Gross Income
1	\$12,760	\$1,063.33	\$23,925	<b>\$1,993.74</b>
2	\$17,240	\$1,436.67	\$32,325	<b>\$2,693.75</b>
3	\$21,720	\$1,810	\$40,725	<b>\$3,393.75</b>
4	\$26,200	\$2,183.33	\$49,125	<b>\$4,093.75</b>
5	\$30,680	\$2,556.67	\$57,525	<b>\$4,793.75</b>
6	\$35,160	\$2,930	\$65,925	<b>\$5,493.75</b>
7	\$39,640	\$3,303.33	\$74,325	<b>\$6,193.75</b>
8	\$44,120	\$3,676.67	\$82,725	<b>\$6,893.75</b>

R.C. 2323.311(B)

(4) A judge or magistrate of the court shall review the affidavit of indigency as filed pursuant to division (B)(2) of this section and shall approve or deny the applicant's application to qualify as an indigent litigant. The judge or magistrate shall approve the application if the applicant's gross income does not exceed one hundred eighty-seven and five-tenths per cent of the federal poverty guidelines as determined by the United States department of health and human services for the state of Ohio and the applicant's monthly expenses are equal to or in excess of the applicant's liquid assets as specified in division (C)(2) of section 120-1-03 of the Administrative Code, as amended, or a substantially similar provision. If the application is approved, the clerk shall waive the advance deposit or security and the court shall proceed with the civil action or proceeding. If the application is denied, the clerk shall retain the filing of the action or proceeding, and the court shall issue an order granting the applicant whose application is denied thirty days to make the required advance deposit or security, prior to any dismissal or other action on the filing of the civil action or proceeding.

(6) Nothing in this section shall prevent a court from approving or affirming an application to qualify as an indigent litigant for an applicant whose gross income exceeds one hundred eighty-seven and five-tenths per cent of the federal poverty guidelines as determined by the United States department of health and human services for the state of Ohio, or whose liquid assets equal or exceed the applicant's monthly expenses as specified in division (C)(2) of section 120-1-03 of the Administrative Code, as amended, or a substantially similar provision.

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<sup>1</sup>Ohio Works First Income Limit: 50% FPL (R.C. 5107.10(D)(1)(a))

<sup>2</sup>SSI Income Limit: cannot have countable income that exceeds the Federal Benefit Rate (FBR). 2019 FBR: \$771 monthly for single disabled individual; \$1157 monthly for disabled couple (20 CFR 416.1100)

<sup>3</sup>Medicaid Income Limit:

Modified Adjusted Gross Income (MAGI):138% FPL (OAC 5160:1-4-01; 42 USC 1396a(a)(10)(A)(i)(VIII))

Aged, Blind or Disabled: \$791 for single person; \$1177 for disabled couple

<sup>4</sup>Veterans Pension Benefit Income Limit: \$13,535 annually / \$1,127 monthly for a single person; \$17,724 annually / \$1,477 monthly for a veteran with one dependent

<sup>5</sup>Supplemental Nutrition Assistance Program (SNAP) Income Limit: 130% FPL for assistance groups with nondisabled/nonelderly member; 165% FPL for elderly and disabled assistance groups (OAC 5101:4-4-11; Food Assistance Change Transmittal No. 61)

**ELIGIBILITY FOR TANF (Guardian Ad Litem) SERVICES**

Applicant Name: \_\_\_\_\_ Date: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

*To be eligible for TANF services the assistance group must include a minor child under age 18, full-time student, or pregnant individual. Services are also available to non-custodial parents of a minor eligible child who resides in the county but does not live in the same household as the minor child. An eligible family may consist of a pregnant individual or minor child who resides with parent, caretaker relative, legal guardian, or legal custodian. An eligible child may be "temporarily absent" from the home, up to six months, with a case plan for reunification. In order to receive services, a member of the assistance group must be a citizen of the United States or a qualified alien.*  
**In addition, to qualify for the TANF services, the family must meet at least one of the following criteria. Check all that apply:**

- Items 1 & 2 are with regard to income and need to be verified:**
- 1. Provide assistance to needy families so that children may be cared for in their own homes or in the homes of relatives.
    - a. The family is receiving OWF/Food Stamps/Medicaid  Yes – attach Print-out  No
    - b. Family meets 200% of the federal poverty guideline  Yes – Income Attached  No
  - 2. End dependence of needy parents on government benefits by promoting job preparation, work and marriage.
    - a. The family is receiving OWF/Food Stamps/Medicaid  Yes  No
    - b. Family meets 200% of the federal poverty guideline  Yes – Income Attached  No

200% Federal Poverty Guideline (effective 1/31/17)								
Family Size	1	2	3	4	5	6	7	8
Monthly Income Limit	\$2010	\$2707	\$3403	\$4100	\$4797	\$5493	\$6190	\$6887

**Items Below are response boxes only for JFS Determination ONLY:**

- YES, party signing is TANF eligible, documentation attached
- NO, party signing does not receive above services, other factors may determine eligibility.

\_\_\_\_\_ Date \_\_\_\_\_  
JFS Agency Signature

\_\_\_\_\_  
Signature of Applicant