CUSTODIAN: (person with legal custody of the child other than biological parent)

Name _____
Last First Middle

Also known as _____
Last First Middle

Address: _____
Number/Street City/State Zip

Phone Number: _____ SSN: _____

DOB: _____ Gender: _____ Race: _____ Custody Type: _____
(legal, shared parenting, shared custody)

Custodian's Marital Status: _____ Interpreter Needed: ☐ yes ☐ no
(married, divorced, never married, etc ...)

Language: _____

PERSON FILING COMPLAINT OR MOTION:

Name Davis Jason Michael
Last First Middle

Also known as _____
Last First Middle

Address: 5290 College Corner Pk, Apt 5 Oxford Ohio 45056
Number/Street City/State Zip

Phone Number: (513) 461-5651 SSN: 401-35-0860

DOB: 6/14/79 Gender: M Race: White

Marital Status: Married Interpreter Needed: ☐ yes ☑ no
(married, divorced, never married, etc ...)

Language: English Interpreter needed for: _____

Legal Relationship to child: Father