Complainant's Name: Jason Michael Davis
Complainant's maiden name and/or aliases: _____

Complainant's relationship to the child: Father _____ **(example: grandmother, uncle, aunt, sister etc. NOTE: If you are not legally related to the child, you must have a home study prepared before the hearing. See HOME STUDY in the instructions.)**

Complainant's Address: 5290 College Corner Pk
City, State, & Zip: Oxford Oh 45056
Complainant's Phone No.: (513)461-5651
Complainant's Date of Birth: 6-14-1979
School District where complainant resides: Talawanda

4. Said child's circumstances are such that it is necessary for this court to assume jurisdiction over said child pursuant to §2151.23 of the Revised Code.

5. The reasons that the complainant is filing this complaint are as follows: _____

6. Complainant prays that this court conduct a hearing regarding this matter and order, in the best interests of said child, that legal custody of said child be vested in complainant.

_____
Complainant

The State of Ohio, Butler, County.

_____, being first duly sworn, states that the statements contained in the foregoing complaint are true to the best of his/her knowledge, information, and belief.

_____
Notary Public

Sworn to and subscribed before me this _____ day of _____ 20___

NOTICE OF HEARING

A hearing on the above motion to modify will be held on _____
at the Butler County Juvenile Court, 280 North Fair Avenue Hamilton, Ohio 45011