3rd copy - Friend of the court 4th copy - Proof of service 5th copy - Proof of service

STATE OF MICHIGAN
JUDICIAL CIRCUIT
COUNTY

MOTION REGARDING SUPPORT

(7)	
A	

CASE NO.

	COUNT	/ WOTION	KLGANDI	NO SUFFORT				
Cou	urt address				<u> </u>	Court telephone no.		
B	Plaintiff's name, address, and telephone	no moviı	ng party	Defendant's name, addre	ss, and telephone no.	moving party		
	Third party name, address, and telephon	e no movir	ng party		was entered regardii currently no order re	ng support.		
D	\bigcirc \square 2. The \square plaintiff \square defend	dant is ordere	d to pay su	pport of \$	ead	ch month.		
E	\bigcirc \square 3. The \square plaintiff \square defend	dant is ordere	d to pay ch	ild care of \$	ε	ach month.		
F	☐ 4. The ☐ plaintiff ☐ defend	dant is ordere	d to pay he	ealth care of \$		each month.		
G	5. Conditions regarding support have changed as follows: Use a separate sheet to explain in detail what has happened and attach. Include all necessary facts.							
H				and I have agreed				
I	Use a separate sheet to explain i 7. I ask the court to order that s Use a separate sheet to explain in d	upport be paid as t	follows:	☐ See 6 above for de				
J	Date	NO	TICE OF H	loving party's signature				
	A hearing will be held on this me							
K	A hearing will be held on this mo			ocation		Bar no.		
to	you require special accommodation help you fully participate in court percourt, provide your case number	ons to use the cour proceedings, please	t because o	of a disability, or if you				
No	ote: If you are the person receiving thi	s motion, you may fi	le a respons	e. Contact the friend of th	ne court office and req	uest form FOC 51.		
		CERT	IFICATE O	F MAILING				
	Legrify that on this date Legrye	d a copy of this mo	otion and no	otice of hearing on the	parties or their attor	nevs by first-class		

mail addressed to the last-known addresses as defined in MCR 3.203.