IN THE COMMON PLEAS COURT OF MONTGOMERY COUNTY, OHIO JUVENILE DIVISION

IN RE:	
	JC#
Minor C	
	SETS#
	JUDGE
Name	MAGISTRATE
Street Address	
City, State, Zip Code Plaintiff / J	
vs. / and	
Name	
Street Address	
City, State, Zip Code	

Defendant / 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 to request a change in child support or child support related matters. An Instructions for Service, Affidavit of Income and Expenses, and an Application for Child Support Services must be filed with this Motion. The Court may require additional forms to accompany this document. YOU MUST UPDATE THE CLERK OF COURTS IF ANY OF THE ABOVE CONTACT INFORMATION CHANGES.

MOTION FOR CHANGE (INCREASE / DECREASE) OF CHILD SUPPORT TAX EXEMPTION, OR OTHER CHILD-RELATED EXPENSES

Now comes

_____ (name), the Movant, and requests a

change in the obligation to provide support or the right to receive support for the minor child(ren) as follows: (*check all that apply*)

- \Box The amount of child support or cash medical support.
- \Box The person responsible for providing health insurance.
- \Box The division of non-insured health care expenses.
- \Box The person who can claim the child(ren) as dependents for tax purposes.
- Other child-related expenses. *(specify)*:

Since the Court issued the existing Order, Circumstances have changed as follows:

Movant Requests that the Court change the existing order as follows:

Movant believes that the requested changes are in the child(ren)'s best interest.

Movant requests that the Court order the following: (check all that apply)

- \Box Assessing reasonable attorney fees;
- \Box Assessing Court costs of the proceedings;

And any further relief deemed proper.

Attorney or Self Represented Party Signature	
Printed Name	
Address	
City, State, Zip	
Phone Number	
Fax Number	
E-mail	

Supreme Court Reg No. (if any)

OATH

(Do not sign until notary is present.)

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

Your Signature

Sworn before me and signed in my presence this

day of

Notary Public

My Commission Expires:

.