

State of Michigan 54th Judicial Circuit Tuscola County Family Division	RESPONSE TO PETITION TO CHANGE CHILD SUPPORT/HEALTH COURT ORDER	Case Number
---	---	-------------

County Clerk 440 N. State Street, Caro MI, 48723

(989) 672-3780

YOU MUST PRINT OR TYPE THIS FORM.

Plaintiff's name, address and telephone number:

I, _____ state:

Please list child(ren)'s name(s) and date(s) of birth:

Defendant's name, address and telephone number:

1. () I agree to the change being asked for in the petition.

2. () I do not agree to the change being asked for in the petition for the following reasons:
 [use additional paper if necessary]

I declare that the above statements are true to the best of my knowledge.

Dated: _____

Signature of Respondent

ONCE THE ABOVE FORM HAS BEEN COMPLETED IN FULL, IT MUST BE FILED WITH THE COUNTY CLERK at 440 N. STATE STREET, CARO MI, 48723.