

NOTE: If you do not wish to use this motion, there are more specific motions available on the State Court Administrative Office website, at: courts.michigan.gov/scao/courtforms

INSTRUCTIONS FOR FILING A MOTION

CHECKLIST: DID YOU INCLUDE THE FOLLOWING?

1. **Case Number** (the number that appears on your court documents)?
2. **Names and most recent addresses and phone numbers** of both the Plaintiff & Defendant?
3. Did you **sign the motion and date it**?
4. Have you **checked AND described the specific items and the reasons** you are requesting the change? (The law requires the Judge to address *only the items that have been requested on the motion*).
5. **A check or money order payable to the TUSCOLA COUNTY CLERK** for the proper amount of fees? (See schedule below).

*****Upon completion of the above five items*****

- **MAKE TWO COPIES**
- **FILE THE ORIGINAL MOTION WITH THE COUNTY CLERK**
- **KEEP A COPY FOR YOURSELF**
- **SERVE THE 2ND COPY TO THE OTHER PARTY AND FILE THE ATTACHED PROOF OF SERVICE WITH THE COUNTY CLERK**

**TUSCOLA COUNTY CLERK
COURTHOUSE (MAIN FLOOR)
440 N. STATE STREET
CARO MI 48723
989-672-3780**

After filing by the clerk, a hearing will be scheduled. Both parties will receive written notice with the date and time that the hearing will be held.

Current schedule of fees to be paid upon the filing of the motion:**

Custody, Parenting Time or Change of Domicile	\$100.00
Support (Support means child support; medical, dental or other health care; education; child care or surcharge)	\$60.00
Combination of custody or parenting time and support	\$100.00
Alimony or spousal support through the FOC	\$20.00
Issues other than custody, parenting time or support	\$20.00

**You may request that the Court orders reimbursement of fees by the other party.
See motion form.***

Please note: If fees are SUSPENDED by the Court, that means that you will pay the amounts due and owing at a later date. Amounts are ZERO when ordered waived.

State of Michigan 54 th Judicial Circuit Family Division Tuscola County	MOTION TO CHANGE ORDER	Case Number
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County Clerk: 440 N STATE STREET, CARO, MI 48723

(989) 672-3780

All motions must be typewritten or printed in blue or black ink only. Please complete all areas that apply. If an area does not apply please enter N/A (not applicable).

PLAINTIFF'S NAME, ADDRESS, AND TELEPHONE NUMBER

I, _____ state:
(Name of the Party Filing the motion)

State that the conditions have changed regarding:

- custody
- parenting time
- domicile
- support (child support, education, child care, surcharge, medical, dental or other health care)
- other: _____

DEFENDANT'S NAME, ADDRESS, AND TELEPHONE NUMBER

of the minor child(ren), namely: (Please list child(ren)'s names and dates of birth):

Circumstances have changed since the last court order(s) as follows:

(Briefly state changes in box below that have occurred since the last court order. If you need additional space, please use a separate sheet of paper and attach to the motion).

THIS SECTION MUST BE COMPLETED OR YOUR REQUEST MAY BE DENIED

WHEREFORE I REQUEST:

Items a.-f.: Place an X in the box, which indicates your request regarding the current order(s).

- a. That the Court award **custody** of the minor child(ren) in this matter as follows: (CHECK ONE)
- Joint legal and physical custody to both parties.
 - Joint legal custody, physical custody to the: Plaintiff Defendant.
 - Sole custody to the: Plaintiff Defendant.
 - Other: _____

Always complete section b when requesting a change of custody.

- b. That the Court grant **parenting time** to the _____:
Plaintiff/Defendant
 Pursuant to the Tuscola County Friend of the Court Parenting Guidelines.
 Other (as follows): _____
- c. That the **domicile** (permanent residence) of the child be changed to the State of:
_____.
- d. That the Court order **support** to be paid by the _____, as follows:
(Plaintiff/Defendant)
 Pursuant to the Michigan Child Support Formula.
 In the amount of \$_____ per month.
- e. That the **health care** provision be changed as follows:
 Both parties shall obtain or maintain any health care coverage that is available to them as a benefit of employment or at a reasonable cost.
 Other (as follows): _____
- f. Miscellaneous request(s): _____

NOTICE

You have chosen to represent yourself. These forms are provided to you and give you access to the Courts. You are held to the same standards in the court process as a client who is represented by counsel. You will be expected to present evidence and testimony according to the statutes and court rules of the State of Michigan. The Friend of the Court does not represent either party. You may wish to seek legal advice.

I hereby declare that the statements above are true to the best of my information, knowledge, and belief.

Dated: _____

Sign your name and date the form.

State of Michigan 54 th Judicial Circuit/Family Division	PROOF OF SERVICE	Case Number
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440 N STATE STREET, CARO MI 48723

Plaintiff

Defendant

_____ v _____

The undersigned states he/she served the following:

WHAT SERVED:

WHO SERVED: TUSCOLA COUNTY CLERK
440 N. STATE STREET
CARO MI 48723

(Name) _____
(Address) _____

HOW SERVED: () First Class Mail, postage pre-paid, to the above listed
addresses; or
() Personal Service, hand delivered.

Dated: _____
Your signature _____