

IN THE COURT OF COMMON PLEAS

\_\_\_\_\_  
\_\_\_\_\_  
DIVISION  
COUNTY, OHIO

IN THE MATTER OF:

\_\_\_\_\_  
A Minor

\_\_\_\_\_  
Name

Case No. \_\_\_\_\_

\_\_\_\_\_  
Street Address

Judge \_\_\_\_\_

\_\_\_\_\_  
City, State and Zip Code

Magistrate \_\_\_\_\_

Plaintiff/Petitioner 1

vs./and

\_\_\_\_\_  
Name

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State and Zip Code

Defendant/Petitioner 2/Respondent

<p><b>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.</b></p> <p><b>Instructions:</b> This form is used to request a change in child support or child support-related matters. A Request for Service (Uniform Domestic Relations Form 31/Uniform Juvenile Form 10) and an Affidavit of Basic Information, Income, and Expenses (Uniform Domestic Relations Form–Affidavit 1) must be filed with this Motion. The Court may require additional forms to accompany this document. You must check the requirements of the county in which you file. <b>YOU MUST UPDATE THE CLERK OF COURTS IF ANY OF THE ABOVE CONTACT INFORMATION CHANGES.</b></p>
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**MOTION FOR CHANGE OF CHILD SUPPORT, MEDICAL 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)*

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

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

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

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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)*

- Assessing reasonable attorney fees;
  - Assessing Court costs of the proceedings;
- and any further relief deemed proper.

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Attorney or Self Represented Party Signature

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Printed Name

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Address

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City, State, Zip

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Phone Number

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Fax Number

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E-mail

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Supreme Court Reg No. (if any)