

**IN THE COURT OF COMMON PLEAS
DOMESTIC RELATIONS DIVISION
MONTGOMERY COUNTY, OHIO**

Name	:	Case No. _____
Street Address	:	Judge _____
City, State and Zip Code	:	Magistrate _____
Plaintiff/Petitioner	:	
vs./and	:	
Name	:	
Street Address	:	
City, State and Zip Code	:	
Defendant/Petitioner	:	

Instructions: This form is used to request a change in child support or child support-related matters. A Request for Service (Uniform Domestic Relations Form 28) and an Affidavit of Income, and Expenses (Uniform Domestic Relations Form–Affidavit 1) must be filed with this Motion.

**MOTION FOR CHANGE OF CHILD SUPPORT, MEDICAL SUPPORT,
TAX EXEMPTION, OR OTHER CHILD-RELATED EXPENSES
AND MEMORANDUM IN SUPPORT**

I _____ (name), request this Court change my obligation to provide support or my right to receive support for the minor child(ren) as follows (*check all that apply*):

- 1. The amount of child support to be paid each month. The change I want the Court to order is:

- 2. The person responsible for providing health insurance for the child(ren). The change I want the Court to order is:

- 3. The amount of non-insured health care expenses of the minor child(ren) that I have to pay. The change I want the Court to order is:

- 4. The person who can claim the child(ren) as tax dependents. The change I want the Court to order is:

- 5. Other child-related expenses. The change I want the Court to order is:

- 6. The circumstances have changed since the Court issued the existing order. The change in circumstances and any other reason for the requested change are as follows:

- 7. I believe that the requested changes are in the child(ren)'s best interests.

Your Signature

Telephone number at which the Court may reach you or at which messages may be left for you

The Court's Assignment Office will contact counsel and/or parties to set the next hearing date and a Notice of Hearing will follow.