

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

IN THE MATTER OF:

A Minor

Name

Case No. _____

Street Address

SETS No. _____

City, State and Zip Code

Judge _____

Plaintiff/Petitioner

Magistrate _____

vs.

Name

Street Address

City, State and Zip Code

Defendant/Petitioner

Instructions: Please consult local rules to determine what else may be required with this filing. This form is used to request a change in the child support or child support-related matters. A Request for Service and an Affidavit of Income and Expenses 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):

Supreme Court of Ohio

Uniform Juvenile Form – 7

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

Approved under Ohio Civil Rule 84 and Ohio Juvenile Rule 46

Effective Date: 7/1/2013

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 expense. 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

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:
