

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

IN RE:

_____ JC# _____
JC# _____
JC# _____

Minor Child(ren)

SETS# _____

Name

JUDGE _____

MAGISTRATE _____

Street Address

City, State, Zip Code

Petitioner

vs. / and

Name

Street Address

City, State, Zip Code

Respondent

Instructions: One original per child. Consult with local rules to determine what else may be required with this filing. This form is used to request a change in the support or child support-related matters. An Affidavit of Income and Expenses, Application for IV-D Services, and Instructions for Service must be filed with this Motion.

**MOTION FOR CHANGE (INCREASE / DECREASE) 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:
 Increase the monthly payment amount Decrease the monthly payment amount
 Other: _____
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 interest.

Your signature

Telephone number at which the Court may reach you or at which message 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 _____, 20_____.

Notary Public
My Commission Expires: _____