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

| IN RE: | |
|--|------------|
| | JC# |
| | |
| | XQ!! |
| Minor Child(ren) | |
| | SETS# |
| | JUDGE |
| Name | MAGISTRATE |
| Street Address | |
| City, State, Zip Code Plaintiff / Petitioner | |
| vs. / and | |
| Name | |
| Street Address | |
| City. State. Zip Code | |

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.

<u>Instructions</u>: This form is used to request a change in child support or child support related matters. An Instructions for Service, Affidavit of Income and Expenses, and an Application for Child Support Services must be filed with this Motion. The Court may require additional forms to accompany this document. **YOU MUST UPDATE THE CLERK OF COURTS IF ANY OF THE ABOVE CONTACT INFORMATION CHANGES.**

MOTION FOR CHANGE (INCREASE / DECREASE) OF CHILD SUPPORT TAX EXEMPTION, OR OTHER CHILD-RELATED EXPENSES

Defendant / Respondent

| 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 medica | al support. |
| ☐ The person responsible for providing health | ** |
| ☐ The division of non-insured health care ex | |
| ☐ The person who can claim the child(ren) as | s dependents for tax purposes. |
| Other child-related expenses. (specify): | |
| Since the Court issued the existing Order, Circumstance | es have changed as follows: |
| | |
| | |
| Movant Requests that the Court change the existing ord | ler as follows: |
| | |
| Movant believes that the requested changes are in the c | hild(ren)'s best interest |
| Movant requests that the Court order the following: (ch | |
| Assessing reasonable attorney fees; | cek an mai appry) |
| ☐ Assessing Court costs of the proceedings; | |
| And any further relief deemed proper. | |
| | |
| | Attorney or Self Represented Party Signature |
| | Printed Name |
| | |
| | Address |
| | City, State, Zip |
| | Phone Number |
| | Fax Number |
| | E-mail |
| | D mail |
| | Supreme Court Reg No. (if any) |

OATH

(Do not sign until notary is present.)

| I, (print name) | , swear or affi | irm that I have read |
|---|--------------------------------|----------------------------------|
| this document and, to the best of my knowledge and be | lief, the facts and informat | ion stated in this document are |
| true, accurate and complete. I understand that if I do no | ot tell the truth, I may be su | ubject to penalties for perjury. |
| | | |
| | Your Signature | |
| Sworn before me and signed in my presence this | day of | · |
| | Notary Public | |
| | My Commission | Expires: |