

IN THE COURT OF COMMON PLEAS
DOMESTIC RELATIONS Division

GREENE COUNTY, OHIO

Name	:	Case No. _____
Street Address	:	
City, State and Zip Code	:	Judge <u>HURLEY</u>
Plaintiff/Petitioner	:	Magistrate _____
vs.	:	
Name	:	<u>MOTION FOR CHANGE OF CHILD SUPPORT,</u>
Street Address	:	<u>MEDICAL SUPPORT, TAX EXEMPTION, OR OTHER</u>
City, State and Zip Code	:	<u>CHILD-RELATED EXPENSES AND MEMORANDUM</u>
Defendant/Petitioner	:	<u>IN SUPPORT</u>

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:

