IN THE COURT OF COMMON PLEAS	
	COUNTY, OHIO
IN THE MATTER OF:	
A Minor	
	Case No
Name	
Street Address	Judge
City, State and Zip Code	Magistrate
Plaintiff/Petitioner 1	
vs./and	
Name	
Street Address	
City, State and Zip Code	

Defendant/Petitioner 2/Respondent

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.

**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 31/Uniform Juvenile Form 10) and an Affidavit of Basic Information, Income, and Expenses (Uniform Domestic Relations Form–Affidavit 1) must be filed with this Motion. The Court may require additional forms to accompany this document. You must check the requirements of the county in which you file. YOU MUST UPDATE THE CLERK OF COURTS IF ANY OF THE ABOVE CONTACT INFORMATION CHANGES.

## MOTION FOR CHANGE OF CHILD SUPPORT, MEDICAL SUPPORT, TAX EXEMPTION, OR OTHER CHILD-RELATED EXPENSES

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*)

Supreme Court of Ohio Uniform Domestic Relations Form 28 Uniform Juvenile Form 7 MOTION FOR CHANGE OF CHILD SUPPORT, MEDICAL SUPPORT, TAX EXEMPTION, OR OTHER CHILD-RELATED EXPENSES Approved under Ohio Civil Rule 84 and Ohio Juvenile Rule 46 Amended: September 21, 2020 The amount of child support or cash medical support.

The person responsible for providing health insurance.

The division of non-insured health care expenses.

The person who can claim the child(ren) as dependents for tax purposes.

Other child-related expenses.

Since the Court issued the existing Order, circumstances have changed as follows:

Movant requests that the Court change the existing order as follows:

Movant believes that the requested changes are in the child(ren)'s best interest.

Movant requests that the Court order the following: (check all that apply)

Assessing reasonable attorney fees;

Assessing Court costs of the proceedings;

and any further relief deemed proper.

Printed Name
Address
City, State, Zip
Phone Number
Fax Number
E-mail

Supreme Court Reg No. (if any)

Attorney or Self Represented Party Signature