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

IN THE MATTER OF:	
A Minor	
	Case No.
Name	
Street Address	Judge
Street Address	
0" 0 1 17" 0 1	Magistrate
City, State and Zip Code	
Plaintiff/Petitioner 1	
vs./and	
Name	
Street Address	
City, State and 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.

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	ne 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

Defendant/Petitioner 2/Respondent

 ☐ The amount of child support or cash med ☐ The person responsible for providing hea ☐ The division of non-insured health care e. ☐ The person who can claim the child(ren) ☐ Other child-related expenses. 	Ith insurance. xpenses.	
Since the Court issued the existing Order, circumstant	ces 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. 	; ;	
	Attorney or Self Represented Party Signature	
	Printed Name	
	Address	
	City, State, Zip	
	Phone Number	
	Fax Number	
	E-mail	
	Supreme Court Reg No. (if any)	

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