

**IN THE COURT OF COMMON PLEAS**  
**DOMESTIC RELATIONS** Division  


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**GREENE** COUNTY, OHIO

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

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:

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 expenses. 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 interests.

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Signature

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Typed or Printed Name

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Address Line 1

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Address Line 2

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Phone Number With Area Code

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Email Address