

STATE OF MICHIGAN  
31<sup>ST</sup> JUDICIAL CIRCUIT  
ST. CLAIR COUNTY

MOTION TO ESTABLISH  
SPECIFIC CUSTODIAL SCHEDULE  
AND CHILD SUPPORT

CASE NO.

Court Address: 201 McMorran Blvd, Room 1600, Port Huron, Michigan 48060

Telephone No.: (810) 985-2285

Plaintiff's name, address, and telephone number [ ]moving party

Defendant's name, address, and telephone number [ ]moving party

V

SPECIFIC CUSTODIAL SCHEDULE MOTION

I \_\_\_\_\_ state: that specific custodial or parenting time schedule needs to be established as follows:  
(Moving party)  
(Use a separate sheet to explain in detail what has happened and attach, if necessary)

CHILD SUPPORT MOTION

I \_\_\_\_\_ state: that conditions regarding support have changed as follows:  
(Moving Party)  
(Use a separate sheet to explain in detail what has happened and attach, if necessary)

I declare that the above statements are true to the best of my information, knowledge and belief.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

NOTICE OF HEARING

A hearing will be held on this motion in the Friend of Court office on: \_\_\_\_\_  
(Date and Time)

CERTIFICATE OF MAILING

I CERTIFY THAT ON THIS DATE I MAILED A COPY OF THIS MOTION AND NOTICE OF HEARING ON THE OTHER PARTY(IES) BY ORDINARY MAIL AT THE ABOVE ADDRESS(ES).

\_\_\_\_\_  
DATE

\_\_\_\_\_  
Friend of the Court Staff

(If you are the person receiving this motion, you may file a written response to the Friend of the Court office.)

**NOTICE: \*\*YOU HAVE CHOSEN TO REPRESENT YOURSELF. THESE FORMS ARE PROVIDED TO GIVE YOU ACCESS TO THE COURTS. YOU ARE HELD TO THE SAME STANDARDS IN THE COURT PROCESS AS A CLIENT WHO IS REPRESENTED BY COUNSEL. YOU WILL BE EXPECTED TO PRESENT EVIDENCE AND TESTIMONY ACCORDING TO THE STATUTES AND COURT RULES OF THE STATE OF MICHIGAN. THE FRIEND OF COURT DOES NOT REPRESENT EITHER PARTY. YOU MAY WISH TO SEEK LEGAL ADVICE.**