Approved, SCAO	Original - Co 1st copy - O 2nd copy - N	ther party	3rd copy - Friend of the court 4th copy - Proof of service 5th copy - Proof of service A CASE NO.		
STATE OF MICHIGAN JUDICIAL CIRCUIT COUNTY		RDING CUSTODY			
Court address	1			Telephone no	
B Plaintiff's name, address, and telephone r	no. 🗌 moving party	V	ress, and telephone no.	moving party	
Third party name, address, and telephone	e no. 🗌 moving party		e er was entered regardi is currently no order re		
	fendant third party	was ordered to h	ave custody of the foll	,	
3. The child(ren) have been living	Name(s)			a	
 F) 4. Circumstances have changed Use a separate sheet to explain in de Use a separate sheet to explain in de of the Child Custody Act for determin F) 0. 6. Name Use a separate sheet to explain in de Use a separate sheet to explain in de Use a separate sheet to explain in de 	tail what has happened and att that require custody or a ing best interests of the child(re tail what you have agreed on a custody, parenting time	ach. Include all necessary factors in custody: Use en) are affected by the circums and I agree to custody, and attach. Include all necessary	e a separate sheet to explain stances in 4 above. Include support, and parenting ary facts.	all necessary facts.	
Date	NOTICE	Moving party's signature OF HEARING			
A hearing will be held on this mot	ion before				
K on					
If you require special accommodation: help you fully participate in court proce court, provide your case number(s).	s to use the court becaus	e of a disability, or if you	require a foreign langu	uage interpreter	
NOTE: If you are the person receiving thi	is motion, you may file a res	ponse. Contact the friend	of the court office and re	quest form FOC 8	
	CERTIFICA	ATE OF MAILING			
I certify that on this date I served a addressed to their last-known add			arties or their attorneys	by first-class ma	
L) Date		Moving party's signature			

STATE OF MICHIGAN

IN THE CIRCUIT COURT FOR ST. CLAIR COUNTY

FAMILY DIVISION

PLAINTIFF,

VS.

CASE NO:_____

DEFENDANT.

AFFIDAVIT OF FACTS SUPPORTING CHANGE OF CIRCUMSTANCES TO REQUIRE AN INVESTIGATION OR EVIDENTIARY HEARING ON CHILD CUSTODY MCR 3.210(C) (7)

NOW COMES THE UNDERSIGNED, AND AFTER BEING DULY SWORN, STATES THE FOLLOWING FACTS AND POTENTIAL WITNESSES, AND HAVING ATTACHED THE FOLLOWING DOCUMENTS, IN SUPPORT OF MY MOTION FOR CHANGE OF CUSTODY:

1.	That custody of the minor child or children						(na	mes)		
	was	ordered	or	adjudged	by	court	order	or	Judgment	on
	.				_(date).				

2. That since the date of the last order or judgment for custody, I have the following witnesses or documents that will prove the following facts that show a change of circumstances that would require a change in custody:

3. That the following is a list of all potential witnesses who would testify (in an evidentiary hearing) to the above facts. It is understood that the potential witnesses listed below will NOT appear for the initial referee threshold hearing. Listed witnesses may or may not be interviewed by FOC during a custody investigation and would testify only if called as a witness in an evidentiary hearing before the Judge.

Potential witnesses:

4. That I have attached the following Reports by Protective Services, Doctors, Mental Health Professionals, Schools and Teachers, Police agencies, Other Courts, or other Professionals, as well as any other records that will support the above facts:

Dated:_____

Name:

State of _____)) ss. County of _____)

Subscribed and sworn to before me on