



ST. CLAIR COUNTY FRIEND OF THE COURT
31st Judicial Circuit
201 McMorran Blvd., Room 1600
Port Huron, Michigan 48060
Phone (810) 985-2285
www.stclaircounty.org/offices/foc

FILING A MOTION TO MODIFY PARENTING TIME OR MODIFY PARENTING TIME AND SUPPORT

1. Complete the Motion for Modification of Parenting Time.
2. Complete and attach the Uniform Child Custody Jurisdiction Enforcement Act Affidavit.
3. Attach any supporting documentation to the motion. (Support documentation may include school records, police reports or protective services reports, etc.). Please use 8 ½ X 11 paper on one side only for attachments.
4. Bring your completed Motion with any attachments along with four (4) complete copies to the Friend of Court Office. A hearing date will then be scheduled. You must also bring \$100.00 for the filing fee. Check or money orders must be made payable to the St. Clair County Clerk.
5. If mailing the original motion, attachments and copies, send to the Friend of Court office at 201 McMorran Blvd, Room 1600, Port Huron, MI 48060. You must enclose a check or money order payable to the St Clair County Clerk in the amount of \$100.00 or the motion will be returned to you.
6. A motion and hearing notice will be sent to the other party. No additional notices will be sent.

You **MUST** appear for the hearing or your motion may be dismissed.

**STATE OF MICHIGAN
31ST JUDICIAL CIRCUIT
ST. CLAIR COUNTY**

**MOTION TO MODIFY
PARENTING TIME AND
CHILD SUPPORT ORDER**

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

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CHILD SUPPORT MOTION

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

PARENTING TIME MOTION

(Use a separate sheet to explain in detail what has happened and attach, if necessary)
I _____ state: that circumstances have changed since the last order(s) and I ask the court to order
(Moving party)
that parenting time be: [] established [] changed [] enforced/made up as follows:
(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 partie(s) by ordinary mail at the above address(es) . Also, a copy was e-mailed to the parties at the e-mail provided to the FOC as well as to the Attorney(s) of record at the e-mail address on file with the State Bar of Michigan.

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.

Any additional written complaints submitted to the Friend of the Court regarding parenting time and/or custody will be made a part of your file unless a more specific course of action is necessary. It is the parties' responsibility to address any parenting time/custody complaints at this hearing.

STATE OF MICHIGAN JUDICIAL CIRCUIT PROBATE COURT COUNTY	UNIFORM CHILD CUSTODY JURISDICTION ENFORCEMENT ACT AFFIDAVIT	CASE NO. and JUDGE
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Court address

Court telephone no.

CASE NAME:

1. The name and present address of each child (under 18) in this case is:
2. The addresses where the child(ren) has/have lived within the last 5 years are:
3. The name(s) and present address(es) of custodians with whom the child(ren) has/have lived within the last 5 years are:
4. I do not know of, and have not participated (as a party, witness, or in any other capacity) in any other court decision, order, or proceeding (including divorce, separate maintenance, separation, neglect, abuse, dependency, guardianship, paternity, termination of parental rights, and protection from domestic violence) concerning the custody or parenting time of the child(ren), in this state or any other state, **except**: Specify case name and number, court name and address, and date of child custody determination, if one.
5. I do not know of any pending proceeding that could affect the current child custody proceeding, including a proceeding for enforcement or a proceeding relating to domestic violence, a protective order, termination of parental rights, or adoption, in this state or any other state, **except**: Specify case name and number, court name and address, and nature of the proceeding.

That proceeding ☐ is continuing. ☐ has been stayed by the court.
☐ Temporary action by this court is necessary to protect the child(ren) because the child(ren) has/have been subjected to or threatened with mistreatment or abuse or is/are otherwise neglected or dependent. Attach explanation.
6. I do not know of any person who is not already a party to this proceeding who has physical custody of, or who claims rights of legal or physical custody of, or parenting time with, the child(ren), **except**: State name(s) and address(es) of each person.

7. The child(ren)'s "home state" is _____ . See next page for definition of "home state."

☐ 8. I state that a party's or child's health, safety, or liberty would be put at risk by the disclosure of this identifying information.

I have filled this form out completely, and I acknowledge a continuing duty to advise this court of any proceeding in this state or any other state that could affect the current child-custody proceeding.

Signature of affiant

Name of affiant (type or print)

Address of affiant

Subscribed and sworn to before me on _____

Date

Deputy clerk/Notary public signature

My commission expires on _____

Name (type or print)

Notary public, State of Michigan, County of _____ . ☐ Acting in the County of _____ .

☐ This notarial act was performed using an electronic notarization system or a remote electronic notarization platform.

"Home state" means the state in which the child(ren) lived with a parent or a person acting as a parent for at least 6 consecutive months immediately before the commencement of a child-custody proceeding. In the case of a child less than 6 months of age, the term means the state in which the child lived from birth with a parent or person acting as a parent. A period of temporary absence of a parent or person acting as a parent is included as part of the period.