IN THE COURT OF COMMON PLEAS DIVISION COUNTY, OHIO IN THE MATTER OF: A Minor Case No. Name Judge Street Address Magistrate City, State and Zip Code Plaintiff/Petitioner 1 vs./and Name Street Address City, State and Zip Code

Defendant/Petitioner 2/Respondent

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 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

☐ The person responsible fo☐ The division of non-insure☐ The person who can claim	 ☐ The amount of child support or cash medical support. ☐ The person responsible for providing health insurance. ☐ The division of non-insured health care expenses. ☐ The person who can claim the child(ren) as dependents for tax purposes. ☐ Other child-related expenses. 												
Since the Court issued the existing Or	der, circumstances have changed as follows:												
Movant requests that the Court chang	e the existing order as follows:												
Movant believes that the requested ch	nanges are in the child(ren)'s best interest.												
Movant requests that the Court order Assessing reasonable att Assessing Court costs of and any further relief dee	torney fees; the proceedings;												
	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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Case No.

Instructions: This form is used when you are claiming the other party has not paid health care bills. Use a separate form for each child. A Motion for Contempt and Affidavit (Uniform Domestic Relations Form 24/Uniform Juvenile Form 3) and a Show Cause Order and Notice to the Clerk (Uniform Domestic Relations Form 25/Uniform Juvenile Form 4) must be filed. You must bring copies of health care bills, Explanation of Benefits forms, and proof of payment to the hearing. Be prepared to indicate the amount owed to you, service providers, collection agencies, or other entities. If more space is needed, add additional pages. The Court may require additional forms to accompany this document. You must check the requirements of the county in which you file.

EXPLANATION OF HEALTH CARE BILLS

										Date of Treatment	
										Name of Service Provider (e.g., Doctor, Dentist, Therapist, Hospital) & Services Provided	
										Total Bill	
										Date Bill Sent to Other Party	
										Amount Insurance Paid	
										Amount You Paid	
•										Amount Paid by Other Party	
										of Unpaid Bill	
										Due from Other Party	A

Total Amount of Claim \$

Supreme Court of Ohio
Uniform Domestic Relations Form 29
Uniform Juvenile Form 8
Explanation of Health Care Bills
Approved under Ohio Civil Rule 84 and Ohio Juvenile Rule 46
Effective Date: September 21, 2020

Your Signature

Date