Original – Court
1st copy – Plaintiff
2nd copy – Defendant
3rd copy – Friend of the Court

STATE OF MICHIGAN 2ND JUDICIAL CIRCUIT BERRIEN COUNTY	RESPONSE TO MOTION REGARDING ☐ CUSTODY ☐ PARENTING TIME ☐ CHILD SUPPORT ☐ OTHER: _____ [check all that apply]	CASE NO.

Court Address
Berrien County Courthouse, 811 Port St., St. Joseph, MI 49085

Court telephone no.
(269) 983-7111

Please print or type information

Plaintiff's name, address, and telephone no:

Defendant's name, address, and telephone no:

Date: _____

I: _____
Name of person filing the response

state:

1. ☐ I agree to the change being asked for in the motion.
2. ☐ I do not agree to the change being asked for in the motion because:

[briefly describe why you object to the Motion]: _____

_____

_____

_____

_____

_____

_____

_____

_____

Date: _____

_____
Signature of party filing RESPONSE

CERTIFICATE OF MAILING

I, _____ (name), hereby certify that on this date set out below, a true copy of this Response to Motion was mailed to the other party at the addresses stated above by first class mail with appropriate postage affixed thereon.

Date: _____

_____
Signature of party filing RESPONSE

_____
Name (type or print)