Original — Court
1" copy — Payer

2nd copy - Payee
3rd copy — Friend of the Court

STATE OF MICHIGAN 39' JUDICIAL CIRCUIT LENAWEE COUNTY	**PETITION** **TO CHANGE THE SUPPORT ORDER**	**COURT FILE NO.**

Court Address: Lenawee Friend of the Court, 425 N. Main St., Adrian, Michigan 49221 **Telephone no. (517) 264-4706**

Complete all items below and above the bold line. Print or type information. Date and sign above the bold line.

Plaintiffs name and address	VS	Defendant's name and address

Third Party name and address

I, _____ state:
Name of Party Filing Petition

1. ☐ a. On _____ a Judgment or order was entered regarding support.

☐ b. There is currently no order regarding support.

2. ☐ 3 year review request.

3. ☐ Conditions regarding support have changed as follows:
Use a separate sheet to explain your change in circumstances and attach proof. Include all necessary facts. Documentation/Proof of your change of circumstances must be attached to your petition.

4. ☐ I ask the court to order that support be paid as follows
Use a separate sheet to explain in detail what you want the court to order and attach.

5. _____ _____
Date **Signature**

DO NOT WRITE BELOW THIS

This section to be completed by Friend of the Court staff.

NOTICE OF HEARING

A review of support will be held on the above petition on _____
Date
at the above court address with _____
Intake Clerk

CERTIFICATE OF MAILING

I certify that on this date I mailed a copy of this petition and notice of Support Review to the parties by ordinary mail to the parties' legal address as on record with the Friend of the Court.

Date _____ Signature _____