

STATE OF MICHIGAN
38TH JUDICIAL CIRCUIT
MONROE COUNTY

FORM A
MOTION TO
CHANGE MEDICAL SUPPORT

CASE NO.

Court Address: 106 E. First St., Monroe, MI 48161

Court Telephone No: (734) 240-7180

Plaintiff's name, address and telephone no. (2)

Please neatly print (blue or black ink only) or type information.

CIRCUIT COURT JUDGE (4)

I, _____ (5),

Name of party filing motion
state:

Defendant's name, address and telephone no. (3)

1. In this matter the (6) plaintiff defendant both parties is/are currently ordered to carry medical insurance on the minor child/ren.

2. Conditions regarding medical coverage or uninsured medical bills have changed as follows:

(7) _____

REQUEST: (8)

3. The order regarding medical coverage be changed to increase/decrease the amount of payment on the medical arrearages only to \$ _____ (10) each week or an amount the court finds fair and equitable.

4. The percentage that each party pays to the other party for un-reimbursed medical bills should be changed to _____ % Plaintiff and _____ % Defendant as _____.

5. That Plaintiff Defendant's medical coverage should be primary.

6. That Plaintiff Defendant should be required to carry medical insurance on the child/ren.

7. That Plaintiff Defendant should **not** be required to carry medical insurance on the child/ren.

8. That Plaintiff Defendant should be ordered to pay for part of my medical insurance premiums covering the minor child/ren as the other party has no insurance available at his place of employment.

9. That the amount of arrears already added by the Court regarding the Demand for Medical Payment dated _____ be reviewed by the Referee as _____.

10. Other **medical** provisions should be changed as follows: (9)

I declare that the above statements are true to the best of my information, knowledge and belief.

Date (10)

(11) Signature of party filing motion