

IN THE COMMON PLEAS COURT OF PUTNAM COUNTY, OHIO  
General Division

\_\_\_\_\_  
Name

Case No. \_\_\_\_\_

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State, and Zip Code

Plaintiff

Judge \_\_\_\_\_

vs.

\_\_\_\_\_  
Name

MOTION FOR MODIFICATION  
OF SUPPORT OBLIGATIONS

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State, and Zip Code

Defendant

The undersigned, \_\_\_\_\_ (print name), requests that the Court modify the existing orders regarding his/her obligations to provide or his/her right to receive financial support for the minor child(ren). I am asking that the Court change the orders regarding all of the following that I have marked with an "X":

\_\_\_\_\_ The amount of child support to be paid each month. The change I want the Court to order is: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ The designation of who has to provide health insurance for the children. The change I want the Court to order is: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ The amount of non-insured medical and dental expenses of the minor children that I have to pay. The change I want the Court to order is: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ The parent who can claim the child(ren) as tax dependents. The change I want the Court to make is: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I believe that the requested changes are the children's best interests for the following reasons:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Party Filing Motion