

EXHIBIT

STATE OF MICHIGAN <Cir #> JUDICIAL CIRCUIT <Co. name> COUNTY	MOTION TO MODIFY OR CANCEL QUALIFIED OR ELIGIBLE DOMESTIC RELATIONS ORDER	CASE NO. <Court Case no.>
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<Co. name> Friend of the Court <FOC Address> <FOC Telephone No.>

<Plaintiff's name> <Payer designation> <Plaintiff's address> <Plaintiff's City, State ZIP>	<Defendant's name> <Payer designation> <Defendant's address> <Defendant's City, State ZIP>
<Plaintiff's Attorney> <Plaintiff's Attorney P#> <Plaintiff's Attorney's address> <Plaintiff's Attorney's City, State ZIP>	<Defendant's Attorney> <Defendant's Attorney P#> <Defendant's Attorney's address> <Defendant's Attorney's City, State ZIP>

1. A Qualified Domestic Relations Order (QDRO) or Eligible Domestic Relations Order was entered on <QDRO Date>.
 2. The Office of the Friend of the Court reviewed the files and determined that:
 - A the payer's support obligation has increased.
 - B the payer needs to pay toward past due support.
 - C the payer no longer owes past due support.
 - D the support obligation has decreased.
 - E there is no longer an obligation for current or past due support.
 The QDRO or EDRO previously entered needs to be:
 - F modified to <MO Amount> per month.
 - G modified to a lump sum of <LS Amount>.
 - H canceled.
- The Friend of the Court requests that the Court enter an Order of Nondisclosure re <Party name> to prevent possible harm to the child(ren) and/or the party.
- The Friend of the Court requests that the Court modify or terminate the existing QDRO or EDRO as needed. I declare that the statements above are true to the best of my information, knowledge and belief.

_____ Date _____ Signature
 <Worker name and title>

We agree to the modification of the existing QDRO or EDRO.

_____ Plaintiff's Signature _____ Defendant's Signature
 _____ Name and Title _____ Name and Title

NOTICE OF HEARING

A hearing will be held on this motion on <Sched Date> at <Time> at <Location> before <Referee or Judge> <Referee or Judge Name>.

If you require special accommodations because of a disability, or if you require a foreign language interpreter to fully participate in court proceedings, please contact the <Co. Name> Court or Friend of the Court immediately to make arrangements.

CERTIFICATE OF MAILING

I certify that on this date I mailed a copy of this motion and notice of hearing to each party or their attorney at their last known address.

_____ Date _____ Signature