IN THE COURT OF COMMON PLEAS DOMESTIC RELATIONS DIVISION SUMMIT COUNTY, OHIO

)	CASE NO
Plaintiff / Po	etitioner 1	
Address)	SETS NO.
City, State, Zip)))
Phone	Email)	JUDGE
-VS)))	MAGISTRATE
Defendant /	Petitioner 2 / Respondent)	
Address))	
City, State, Z	Zip)	
Phone	Email)	
Third Party)	
Address		<u>MOTION</u>
City, State, Zip		FOR CHANGE OF PARENTING TIME
Phone		(Companionship and Visitation)

WARNING: This form is not a substitute for the benefit of the advice of legal counsel. It is highly recommended that you consult an attorney.

<u>Instructions</u>: This form is used to request a change in a <u>parenting time (companionship and visitation)</u> <u>Order</u>. A Request for Service (Uniform Domestic Relations FORM 31) and a Parenting Proceeding Affidavit (Uniform Domestic Relations Form – AFFIDAVIT 3) must be filed with this Motion. **YOU MUST UPDATE THE CLERK OF COURTS IF ANY OF THE ABOVE CONTACT INFORMATION CHANGES.**

MOTION FOR CHANGE OF PARENTING TIME (COMPANIONSHIP AND VISITATION)

	(name), the Movant, and requests a c	
xisting parenting time (companionshiding the following minor child(ren):	p and visitation) Order filed on	_ (date
Name:	Date of Birth:	
Parental rights and responsibilities are	e currently allocated (Ordered) as follows (attach i	most
recent Court Order dated	•	
Movent requests that the Court change	ge the parenting time (companionship and visitation) Ordor
because:	ge the parenting time (companionship and visitation	i) Order
wisitation) Order as follows:	hange the existing parenting time (companions	ship and

4.

Movant believes that the requested changes are in the child(ren)'s best interest(s).

5.	Movant requests that the Court Order the to assessing reasonable attorney fees; □ assessing Court costs of the proceeding and any further relief deemed proper.	
		Attorney or Self Represented Party Signature
		Printed Name
		Address
		City, State, Zip
		Phone Number E-Mail
		Supreme Court Reg. No. (if any)
 2. 	2365 to schedule a Hearing before addressed by the Court. Fill in the N	loor Scheduling Department, or call (330) 643- the Magistrate, or your Motion will NOT be Magistrate, Date, and Time of Hearing below. ther party a copy of this Motion. Failure to do entinued.
	NOTICE (OF HEARING
		, on the day of, at the Summit County Domestic
	ations Court, 205 South High Street, Fl	
		Signature of Party