

180 Ottawa Ave. NW, Grand Rapids, MI 49503

(616) 632-5480

PLAINTIFF:

DEFENDANT:

VERIFIED MOTION FOR TEMPORARY RELIEF

The Plaintiff Defendant states:

I. Children

1. The Plaintiff and Defendant have the following minor child/ren together:

Each Child's Full Name

Age

2. The children reside with mother / father at the address listed above and have resided with this parent since: _____(date).

II. Temporary Child Custody, Parenting Time and Child Support

3. The mother father both mother and father is/are fit and proper person/s to make major decisions concerning the minor child/ren of the parties and it is in the best interest of the child/ren to award **temporary legal custody** of the child/ren to the

- mother, solely
- father, solely
- both parties jointly.

4. The mother father both mother and father is/are fit and proper person/s to have, care, custody, and control of the minor child/ren of the parties, and it is in the best interest of the child/ren to award **temporary physical custody** of the child/ren to the

- mother
- father
- both mother and father.

5. It is in the best interest of the child/ren to award specific **temporary parenting time** according to a parenting time schedule to
- mother
 - father
 - both mother and father.

Including:

6. The minor child/ren need financial support, including health insurance, other medical support, and child care expenses as appropriate. **Temporary child support** and other expenses should be calculated and ordered according to the Michigan Child Support Formula.

7. I request that the court consider the following facts showing that it is in the best interest of the child/ren to grant temporary custody, parenting time and support as I have requested:

III. Relief Requested

I request a temporary order as follows:

- A. **Legal custody** be granted to mother, father, both parties, jointly;
- B. **Physical custody** be granted to mother, father, both parties jointly;
- C. Mother father both mother and father be granted specific **parenting time**;
- D. **Child support**, including medical and child care expenses as appropriate, be calculated and ordered according to the Michigan Child Support Formula;
- E. Grant Husband / Wife exclusive use of the marital home located at:
_____;
- F. Grants spousal support for husband wife;
- G. Grant _____
- H. And any other relief that the court deems just and equitable.

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

Date

Signature

Print Name

NOTICE OF HEARING

A Hearing will be held on this Motion on _____(month) _____(day), _____(year), at _____am/pm before the Honorable _____ at the Kent County Courthouse located at 180 Ottawa Ave. NW, Grand Rapids, MI 49503. If you require special accommodations to use the Court because of a disability, please contact the court to make arrangements.

An interpreter who speaks _____ is required for the Plaintiff / Defendant. Attached is a completed Request and Order for an Interpreter (MC 81).

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PLAINTIFF:

DEFENDANT:

On the date below I served a copy of:
(list the title(s) of documents served)

TO:

- Plaintiff / Defendant at the address stated above.
- To the Plaintiff / Defendant at a different address listed below:
- To a third party(ies) at the addresses listed below:

By:

- First class mail addressed to their last known address as directed by MCR 3.203.
- Hand delivery as directed by MCR 2.107(C).

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

Date _____

Signature