

Approved, SCAO

STATE OF MICHIGAN 36th JUDICIAL CIRCUIT Van Buren COUNTY	MOTION TO RESCIND LICENSE SUSPENSION	CASE NO.
---	--	-----------------

Court address	FAX no.	Telephone no.
Friend of the Court 219 Paw Paw Street, Paw Paw, MI 49079	(269) 657-8282	(269) 657-7734

Plaintiff's name, address, and telephone no. licensee

Attorney:

v

Defendant's name, address, and telephone no. licensee

Attorney:

1. On _____ an order was entered suspending the license(s) of the licensee named above.
Date

2. On the basis of

- a stipulation between parties,
- an agreement with the payer/licensee,
- full payment of the arrearage,
- the file being inactivated or closed by friend of the court,
- the licensee having demonstrated a good-faith effort to comply with a makeup parenting-time order,
- other _____,

I request the court to rescind the order suspending license.

3. I further request the court to enter an order for payment of the arrearage as agreed.

4. I further request the court to enter an order for makeup/ongoing parenting time.

Date

Moving party's signature

CERTIFICATE OF MAILING

I certify that on this date I served a copy of this petition on the parties or their attorneys by first-class mail addressed to their last-known addresses as defined in MCR 3.203.

Date

Signature