

STATE OF MICHIGAN JUDICIAL CIRCUIT COUNTY	MOTION TO RESCIND LICENSE SUSPENSION	CASE NO. and JUDGE
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Court address

Court telephone no.

Plaintiff's name, address, and telephone no.	<input type="checkbox"/> Licensee
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Attorney:

v

Defendant's name, address and telephone no.	<input type="checkbox"/> Licensee
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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 served a copy of this petition on the parties or their attorneys by first-class mail addressed to their last-known addresses as defined by MCR 3.203. I declare under the penalties of perjury that this certificate of mailing has been examined by me and that its contents are true to the best of my information, knowledge, and belief.

Date

Signature