



<b>STATE OF MICHIGAN</b> <b>JUDICIAL CIRCUIT</b> <b>JUDICIAL CIRCUIT - FAMILY DIVISION</b> <b>COUNTY</b>	<input type="checkbox"/> <b>COMPLAINT</b> <input type="checkbox"/> <b>MOTION</b> <b>AND AFFIDAVIT TO REVOKE</b> <b>ACKNOWLEDGMENT OF PARENTAGE</b> <b>(PAGE 2)</b>	<b>CASE NO.</b>
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Court address

Court telephone no.

Plaintiff's name, address, and telephone no.	<input type="checkbox"/> moving party
Third party's name, address, and telephone no.	<input type="checkbox"/> moving party

v

Defendant's name, address, and telephone no.	<input type="checkbox"/> moving party
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In the matter of

Existing case is under MCL 712A.2(b)

**I REQUEST that:**

6. The court revoke the acknowledgment of paternity and, if necessary, order genetic testing to assist in making its determination.

☐ 7. The child support obligation of \_\_\_\_\_ be terminated.  
Name of obligor
\_\_\_\_\_  
Moving party's signature
 Subscribed and sworn to before me on \_\_\_\_\_, \_\_\_\_\_ County, Michigan.  
Date

 My commission expires: \_\_\_\_\_ Signature: \_\_\_\_\_  
Date Deputy clerk/Notary public

Notary public, State of Michigan, County of \_\_\_\_\_

To be completed only when a motion is filed.

**NOTICE OF HEARING**
 A hearing will be held on this motion before \_\_\_\_\_  
Judge/Referee Bar no.  
 on \_\_\_\_\_ at \_\_\_\_\_ at \_\_\_\_\_  
Date Time Location

To be completed only when a motion is filed and served.

**CERTIFICATE OF MAILING**

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

\_\_\_\_\_  
Date\_\_\_\_\_  
Signature