

Approved, SCAO

STATE OF MICHIGAN
8TH JUDICIAL CIRCUIT
IONIA COUNTY

MOTION TO RESCIND
LICENSE SUSPENSION

CASE NO.

Court address

110 E WASHINGTON STREET * IONIA MI 48846

FAX no.

(616)527-5397

Telephone no.

(616) 527-5310

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