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| <b>STATE OF MICHIGAN<br/>JUDICIAL CIRCUIT<br/>COUNTY</b> | <b>MOTION/STIPULATION<br/>FOR TRANSFERRING CASE<br/>(Postjudgment)</b> | <b>CASE NO.</b> |
|--|--|-----------------|

Court address

Court telephone no.

Plaintiff's name, address, and telephone no.

v

Defendant's name, address, and telephone no.

**MOTION**     **STIPULATION**

1. I,  the plaintiff,  the defendant,  the court-ordered custodian, request transfer of this case to \_\_\_\_\_ County.

- a. This transfer is requested on the basis of residence and for the convenience of the parties and is in the best interests of the minor child(ren).
- b. All parties have resided in counties other than the county of current jurisdiction for more than six months.
- c. \_\_\_\_\_ has resided in the county to which the transfer is requested for at least six months before the filing of this motion.  
Name of plaintiff/defendant
- d. The county to which the transfer is requested is not adjacent to the county of current jurisdiction.

We stipulate to the transfer of this case.

2. I, the friend of the court, request transfer of this case to \_\_\_\_\_ County for the following reasons:

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name and title (type or print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name and title (type or print)

\_\_\_\_\_  
Name and title (type or print)

**NOTICE OF HEARING**

A hearing will be held on the above motion on \_\_\_\_\_ at \_\_\_\_\_ at the above court address.  
Date Time

If you require special accommodations to use the court because of a disability, or if you require a foreign language interpreter to help you fully participate in court proceedings, please contact the court immediately to make arrangements. When contacting the court, provide your case number(s).

**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 attorney by first-class mail addressed to their last-known addresses as defined in MCR 3.203.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature