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| <b>STATE OF MICHIGAN<br/>JUDICIAL CIRCUIT<br/>COUNTY</b> | <b>MOTION TO RESCIND<br/>LICENSE SUSPENSION</b> | <b>CASE NO.</b> |
|--|---|-----------------|

Court address: 1200 N. Telegraph Rd., Pontiac, MI 48341

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

Original - Court  
1st copy - Plaintiff  
2nd copy - Defendant  
3rd copy - Friend of the court

**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