

Approved, SCAO

**STATE OF MICHIGAN
JUDICIAL CIRCUIT
COUNTY**

**MOTION TO RESCIND
LICENSE SUSPENSION**

CASE NO.

Court address

FAX no.

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 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