

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

Approved, SCAO

**STATE OF MICHIGAN**  
53rd **JUDICIAL CIRCUIT**  
Cheboygan **COUNTY**

**MOTION TO RESCIND  
LICENSE SUSPENSION**

**CASE NO.**

**Court address**  
870 S Main St, Rm 210, PO Box 70, Cheboygan, MI 49721

**FAX no.**  
231-627-8417

**Telephone no.**  
231-627-8825

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 motion on the parties or their attorneys by first-class mail addressed to their last-known addresses as defined in MCR 3.203.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature