

STATE OF MICHIGAN 17 th JUDICIAL CIRCUIT KENT COUNTY	OBJECTION TO COMPLAINT FOR ENFORCEMENT OF HEALTH CARE EXPENSE PAYMENT	CASE NUMBER:
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Friend of the Court address:
82 Ionia, NW, 2nd Floor, P.O. Box 351, Grand Rapids, MI 49501-0351

Telephone number:
(616) 336-2600

PLAINTIFF

V

DEFENDANT

I, _____, object to the Complaint for Enforcement of Health Care Expense Payments,
submitted by _____ and dated _____ for the following reason(s)*:

I understand that by filing this objection I am requiring the Kent County Friend of the Court Health Care Enforcement Unit to schedule a hearing before the court to review these matters and to make a decision. I further understand that if I fail to attend the hearing, these health care bills will become my responsibility.

Signature

Date

*Please note, if you are objecting to the Complaint for Enforcement of Health Care Expense Payment(s) because you disagree with the percentage used to determine your share, or because the amount due is incorrect as the result of a math error, please do not use this form. Rather, please contact the Kent County Friend of the Court Health Care Enforcement Unit so that the errors can be reviewed and corrected, if applicable.