



**ALLEGAN COUNTY FRIEND OF THE COURT  
OBJECTION TO COMPLAINT AND NOTICE FOR  
HEALTH-CARE EXPENSE PAYMENT**

CASE NO.

Friend of the Court Address  
113 Chestnut St., POBOX 358, Allegan, MI 49010  
Email: [alleganfoc@allegancounty.org](mailto:alleganfoc@allegancounty.org)

Court Telephone No.  
1-877-543-2660  
Fax No. (269) 673-0322

Plaintiff Name:  Complainant Party

Defendant Name:  Complainant Party

v

I object to the Complaint and Notice for Health Care Expense Payment, submitted by:

\_\_\_\_\_ and dated \_\_\_\_\_ for the following reasons:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- I understand that by filing this objection with the Friend of the Court, I am requesting the Friend of the Court to schedule a hearing before a Circuit Court Referee to review the matter and make a recommended decision. I further understand that the objection hearing is my opportunity to provide information to the court regarding this health-care expense complaint.

*I verify that the above statements are true and accurate to the best of my information, knowledge and belief.*

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Party filing Objection

\_\_\_\_\_  
Printed Name of Party

**CERTIFICATE OF MAILING**

I certify and understand that I have provided a copy of this objection to the other party and/or their attorneys by personal service or first-class mail, addressed to their last known addresses as defined in MCR 3.203.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Party filing Objection