

INSTRUCTIONS FOR OBJECTION TO 21-DAY RECOMMENDED SUPPORT ORDER

1. You must fill in the reason for objection completely and mail the original objection form to:

Friend of the Court
PO Box 566
Grand Haven MI 49417

2. You must mail a copy of the objection form to the other party in the case
3. You must fill in and sign the certificate of mailing
4. You will be notified by mail of the time and date of your hearing

STATE OF MICHIGAN
20TH JUDICIAL CIRCUIT COURT
COUNTY OF OTTAWA
FRIEND OF THE COURT
P.O. Box 566, Grand Haven, MI 49417, (616) 846-8210

_____, Plaintiff
_____(address)

FILE NO: _____

v.

PLAINTIFF'S OBJECTION TO:
 DEFENDANT'S OBJECTION TO:
THREE-YEAR SUPPORT REVIEW

_____, Defendant
_____(address)

DATE OF ORDER: _____

I request a hearing to be scheduled before the Court. I object to the support findings.

NOTE: One or more of the following reasons for the objection must be checked or if none apply, use "Other" to clearly state another reason for the objection. The hearing may be limited to the facts noted on this form.

- The determination of Plaintiff's Defendant's income is incorrect and should be: **(if this is the reason for the objection, you must return proof of correct income with this objection form)**
_____.
- The determination of the child(ren)'s health insurance per month is incorrect and should be:
_____.
- The determination of daycare costs incurred is incorrect and should be:
_____.
- The calculations contain another error, specifically:
_____.
- The Review and Modification worker made an incorrect finding of fact not listed in the order regarding:
_____.
- The finding regarding the responsibility to maintain healthcare coverage is inappropriate because:
_____.
- The statewide child support guideline should not be followed because:
_____.
- The following change of circumstances have occurred since the hearing:
_____.
- Other: _____

I certify that on this date I mailed a copy of this objection to the other party at:

Complete Address

Date

 Plaintiff Defendant

*****IF YOU REQUIRE AN INTERPRETER YOU MUST NOTIFY THE COURT
*****IF FORM IS NOT COMPLETE, IT WILL BE RETURNED
*******YOU MUST MAIL THE ORIGINAL TO: Friend Of The Court, P.O. Box 566, Grand Haven, MI 49417**

INSTRUCTIONS FOR COMPLETING OBJECTION FORM ARE ON REVERSE SIDE