

Ottawa County Friend of the Court
414 Washington Ave.
Grand Haven, MI 49417

AFFIDAVIT OF EXPENSES

Name

Case number

I _____ declare that health care expenses
(Print your name here)

incurred on behalf of the minor child(ren) have exceeded \$_____ which is the
amount designated as “ordinary medical expenses”. I have presented copies of these
expenses to the other party.

I declare that the above statements are true and correct to the best of my information, knowledge and belief.

Date

Signature

LIST THE EXPENSES ON THE BACK OF THIS PAGE.
(List expenses applied to ordinary medical allotment)

This form is to be used only if your order allows for “ordinary medical expenses”

Name	Date of expense	Reason for visit	Total	Balance due

Grand total _____