

STATE OF MICHIGAN  
20<sup>TH</sup> JUDICIAL CIRCUIT COURT  
Ottawa County Clerk / Register of Deeds  
414 Washington, Room 320, Grand Haven, MI 49417  
616-846-8320

**OBJECTION TO RECOMMENDED ORDER REGARDING MEDICAL EXPENSES**

{A}

PLAINTIFF'S NAME & ADDRESS:

v

DEFENDANT'S NAME & ADDRESS:

{B} FILE NO: \_\_\_\_\_

{C}  Plaintiff's objection       Defendant's objection    {D} DATE ORDER MAILED: \_\_\_\_\_

{E} I am \_\_\_\_\_ am not \_\_\_\_\_ represented by an attorney

Attorney signature, if applicable (MUST be signed if represented by an Attorney) \_\_\_\_\_

**PLEASE NOTE: As of December 1, 2018, if you or your attorney are filing an objection to this order you must use MiFILE to file an objection. Use this form for the objection and e-file it at <https://mifile.courts.michigan.gov>. IF THE OBJECTION IS NOT PROPERLY EFILED WITH CIRCUIT COURT RECORDS, THE RECOMMENDED ORDER MAY BE INCORRECTLY SUBMITTED FOR ENTRY.**

I request a hearing be scheduled before the Court.

{F} REASON FOR OBJECTION: (must be completed; use additional sheet(s) if needed):

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You (the person objecting) must use the MiFile link above to e-file the objection

You will be notified by the Friend of the Court, by mail or e-notice of the time and date of your hearing

IF YOU REQUIRE AN INTERPRETER YOU MUST NOTIFY THE COURT A MINIMUM OF THREE (3) DAYS PRIOR TO YOUR HEARING

Date: \_\_\_\_\_

Signature \_\_\_\_\_

Plaintiff     Defendant