

STATE OF MICHGAN 48TH JUDICAL CIRCUIT ALLEGAN COUNTY	OBJECTION TO COMPLAINT AND NOTICE FOR HEALTH-CARE EXPENSE PAYMENT	CASE NO HON.
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Friend of the Court address:
P O Box 358, 113 Chestnut Allegan, MI 49010

Telephone No. 877-543-2660
Fax No. 269-673-0322

Plaintiff's name and address
Plaintiff's attorney name, address, telephone no. and bar no.

v

Defendant's name and address
Defendant's attorney name, address, telephone no. and bar no.

I object to The Complaint and Notice for Health-Care Expense Payment, submitted by

_____ and dated _____ for the following reason(s):

I understand that by filing this Objection I am requesting the Allegan County Friend of the Court to schedule a hearing before the Referee to review the matter and make a decision. I further understand that the Objection hearing is my opportunity to provide information to the court. I declare that this Objection has been examined by me and that it is true to the best of my information, knowledge, and belief.

Date

Objecting party's signature

Name (type or print)

CERTIFICATE OF MAILING

I certify that on this date I served a copy of this objection on the parties or their attorneys by personal service or by first-class mail addressed to their last-known addresses as defined in MCR 3.203.

Date

Friend of the Court Representative