STATE OF MICHIGAN
20TH JUDICIAL CIRCUIT COURT
COUNTY OF OTTAWA
FRIEND OF THE COURT
414 Washington, Room 225, Grand Haven, MI 49417 (616) 846-8210

OBJECTION TO CHILD SUPPORT RECOMMENDATION

Plaintiff's Name & Address:	V	Defendant's Name & Address:

☐ Plaintiff's objection ☐ Defendant's objection FILE NO:_____

DATE ORDER MAILED:_____

I request a hearing to be scheduled before the Court. I object to the Friend of the Court's child support recommendation.

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 cost per month is incorrect and should be:
_____.

☐ The determination of daycare costs incurred is incorrect and should be:
_____.

☐ The child support calculation contains 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 Michigan Child Support Formula guidelines should not be followed because:
_____.

☐ Other:_____
_____
_____
_____
_____

_____ _____
Date Signature ☐ Plaintiff ☐ Defendant

Attorney name and signature_____

File this objection with the Friend of the Court, **not Circuit Court Records.**

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

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, 414 Washington, Room 225, Grand Haven, MI 49417