

<b>STATE OF MICHIGAN JUDICIAL CIRCUIT COUNTY</b>	<b>COMPLAINT AND NOTICE FOR HEALTH-CARE EXPENSE PAYMENT</b>	<b>CASE NO.</b>
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Court address Telephone no.

Plaintiff	<b>v</b>	Defendant
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**TO:** Obligor's name and address

**COMPLAINT**

I request the friend of the court to enforce health-care expenses. Attached is the request for health-care expense payment (including all supporting documents) given to the obligor. **I declare that:**

1. I requested payment within 28 days of the date notified of the balance due after insurance payments.
2. This request is for
  - expenses that are more than the annual ordinary medical amount that can be collected as specified in the support order.
  - health-care expenses that have been incurred by the payer of support.
3. This complaint is
  - within six months after the date of the insurer's final denial of coverage for the expense.
  - within one year of the date the expense was incurred.
  - within six months after the obligor's default of an agreement to repay (copy of agreement attached).
4. As of this date, the expense information in the attached request for health-care expense payment is true except as follows:  
 Since the date I mailed the request for health-care expense payment to the obligor, the obligor paid \$ \_\_\_\_\_  
 for \_\_\_\_\_ and \_\_\_\_\_.  
Name(s) of child(ren) Name(s) of medical provider(s)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

**NOTICE**

The friend of the court has been asked to enforce health-care expenses. Unless you file a written objection with the friend of the court within 21 days of the date this notice is sent, the expenses will be added to your support account as a health-care support arrearage for enforcement and must be paid  in full by \_\_\_\_\_.  \$ \_\_\_\_\_ per month, except that the full balance will be subject to immediate enforcement.

If you timely file a written objection in the manner required, a hearing will be set to resolve the health-care complaint.

**CERTIFICATE OF MAILING**

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Friend of the court/Authorized representative