

## INSTRUCTIONS FOR OBJECTION TO 21-DAY RECOMMENDED SUPPORT ORDER

1. You must fill in the reason for objection completely and mail the original objection form to:

Friend of the Court  
414 Washington, Room 225  
Grand Haven MI 49417

2. You must mail a copy of the objection form to the other party in the case
3. You must fill in and sign the certificate of mailing
4. You will be notified by mail of the time and date of your hearing

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

\_\_\_\_\_, Plaintiff  
\_\_\_\_\_(address)  
\_\_\_\_\_

FILE NO: \_\_\_\_\_

v.

PLAINTIFF'S OBJECTION TO:  
 DEFENDANT'S OBJECTION TO:  
THREE-YEAR SUPPORT REVIEW

\_\_\_\_\_, Defendant  
\_\_\_\_\_(address)  
\_\_\_\_\_

DATE OF ORDER: \_\_\_\_\_

I request a hearing to be scheduled before the Court. I object to the support findings.

**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 per month is incorrect and should be:  
\_\_\_\_\_.
- The determination of daycare costs incurred is incorrect and should be:  
\_\_\_\_\_.
- The calculations contain 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 statewide child support guideline should not be followed because:  
\_\_\_\_\_.
- The following change of circumstances have occurred since the hearing:  
\_\_\_\_\_.
- Other: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I certify that on this date I mailed a copy of this objection to the other party at:

\_\_\_\_\_  
Complete Address

\_\_\_\_\_  
Date

\_\_\_\_\_  
 Plaintiff  Defendant

\*\*\*\*\*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**

**INSTRUCTIONS FOR COMPLETING OBJECTION FORM ARE ON REVERSE SIDE**