Original - Friend of the court 1st copy - Obligor 2nd copy - Requesting party

Approved, SCAO

STATE OF MICHIGAN

CASE NO.

l l		COMPLAIN HEALTH-CAR			0.02.00
Court ad	dress				Telephone no.
Plaintiff			v	Defendant	
TO:	Obligor's name and address				
			COMPLAIN	Т	
1. I request. 2. This executed here. 3. This wing wing wing wing wing wing wing wing	ealth-care expenses that have complaint is thin six months after the date thin one year of the date the ethin six months after the obligations. This date, the expense inform	s of the date notified e annual ordinary me been incurred by the of the insurer's final expense was incurred or's default of an agr	l of the balan edical amous e payer of su denial of cov d. reement to re d request for ense payme	nt that can be coll pport. erage for the exp pay (copy of agre health-care expe nt to the obligor, to Name(s) of medical	lected as specified in the support order. ense. eement attached). ense payment is true except as follows: the obligor paid \$
Date			Signa	ature	
within 2 for enfo balance	1 days of the date this notice is	sent, the expenses of the sent, the expenses of the sent of the se	re expenses will be added	to your support a	written objection with the friend of the court ccount as a health-care support arrearage per month, except that the full ve the health-care complaint.
	that on this date I served a cop addresses as defined in MCR	oy of this complaint o	FICATE OF I		s by first-class mail addressed to their last-
Date			Frien	d of the court/Autho	rized representative