

STATE OF MICHIGAN 30TH JUDICIAL CIRCUIT INGHAM COUNTY	<b>OBJECTION TO THE NATIONAL MEDICAL SUPPORT NOTICE AND NOTICE TO WITHHOLD FOR HEALTH CARE COVERAGE</b>	CASE NO:  JUDGE:
Plaintiff's name, address and telephone no.  Attorney:	vs.	Defendant's name, address and telephone no.  Attorney:

**THIS OBJECTION MUST BE FILED WITH THE FRIEND OF THE COURT LOCATED AT GRADY PORTER BUILDING, PO BOX 40097, 303 W KALAMAZOO ST. LANSING, MI 48901.**

**THE FRIEND OF THE COURT IS FEDERALLY MANDATED TO REVIEW ALL CASES INCLUDING  
MEDICAID AND MiCHILD RECIPIENT(S)**

1. I, \_\_\_\_\_ object to the **National Medical Support Notice for Health Care Coverage (NMSN)** regarding enrollment of my minor child(ren) issued to my employer.

My employer(s) is/are (list name and address of employer):

- a) \_\_\_\_\_
- b) \_\_\_\_\_

2. The **specific reason(s)** for the objection is/are:

\_\_\_\_\_ The Court Order does not require me to maintain health care coverage  
**Provide copy of existing Order**

\_\_\_\_\_ Insurance Cost is too much  
**Provide 3 pay stubs and proof from your employer regarding the cost of insurance premiums**

\_\_\_\_\_ Third-Party Insurance  
**Provide copy of both sides of insurance cards (medical, dental, optical), name of policy holder and effective date of coverage**

**\*\*If the requested information and/or documentation is not provided the Objection will not be processed**

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of party, Plaintiff /Defendant

*Objections can only be filed by a party to the action and should specifically identify the problems that you have with the National Medical Support Notice and Notice to Withhold for Health Care Coverage. **\*\*\*You must mail a copy of your completed Objection form to the other party on the case\*\*\****

**CERTIFICATE OF MAILING**

I certify that on \_\_\_\_\_ I mailed a copy of **Objection to National Medical Support Notice Regarding Health Care Coverage** to the opposing party by ordinary mail addressed to their last known address.

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature