

STATE OF MICHIGAN 42nd JUDICIAL CIRCUIT MIDLAND COUNTY	COMPLAINT FOR ENFORCEMENT OF HEALTH CARE EXPENSE PAYMENT	CASE NO.
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Friend of the Court, 220 W. Ellsworth St. 4th Floor, Midland, MI 48640

phone. (989) 832-6801

Plaintiff

vs.

Defendant

TO: Obligor's Name and Address

NOTICE TO OBLIGOR:

Under MCL 552.511a, the Friend of the Court (FOC) has been asked to enforce the health care expenses described below.

- The total expenses of \$ _____ will be added to your medical support account as a health care support arrearage for enforcement and must be paid \$ _____ per month, except that the full balance will be subject to immediate enforcement.
- The total expenses of \$ _____ must be paid in full directly to the requesting party within 30 days of this notice and a copy of said payment to the FOC. **If the requesting party does not receive payment within 30 days, it is the requesting party's responsibility to notify the FOC, in writing, that no payment has been received.** At that time, the expenses will be added to the medical support account as a health care support arrearage for enforcement and Court costs in the amount of \$250.00 may be assessed.
- The total expenses of \$ _____ will be credited to the support account. If the credit results in an overpayment to the support account, a refund may be issued to the payer.
- The monthly medical support charge and the annual pre-payment of ordinary medical shall be suspended effective _____. The monthly medical support charge and the annual pre-payment of ordinary medical shall be reinstated commencing _____.

EFFECTIVE DATE AND RIGHT TO APPEAL: All provisions shall take effect 21 days from the date of mailing or personal service of this Notice. Either party shall be entitled to a full Hearing regarding these matters providing a written objection is filed with the Friend of the Court within this 21day period.

I certify that on this date I mailed a copy of this complaint to both parties by ordinary mail to their last known address.

_____ Date

_____ RHONDA SEQUIN, SUPPORT ENFORCEMENT SPECIALIST

Requesting Party's Statement:

I request the FOC 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 minimum amount my order requires for enforcement.
3. This complaint is
 - within 6 months after the date of the insurer's final denial of coverage for the expense.
 - within 1 year of the date the expense was incurred.
 - within 6 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 \$ _____ on _____ Date.

I declare that the above statements are true to the best of my information, knowledge and belief.

_____ Date

_____ Signature