

# Objection to Child Support Review

**Use this form** if you received notice of child support review (Form FOC 71) and you do not agree with the determination that no change occur in the child support or health care order.

(Form FOC 79)

<b>STATE OF MICHIGAN JUDICIAL CIRCUIT COUNTY</b>	<b>OBJECTION TO CHILD SUPPORT REVIEW</b>	<b>(A) CASE NO.</b>
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Court address FAX no. Court telephone no.

**(B)** Plaintiff's name, address, and telephone no.  Moving party

v

Defendant's name, address, and telephone no.  Moving party

I received a notice of child support review from the friend of the court dated **(C)** \_\_\_\_\_  
 I object to the recommendation and request a hearing by the court. My objection is based on the following reason(s):

**(D)**

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

**(E)** \_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of objecting party

\_\_\_\_\_  
Name (type or print)

**CERTIFICATE OF MAILING**

I certify that on this date I mailed a copy of this objection on the other party by first class mail addressed to the last known address as defined in MCR 3.203.

**(F)** \_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of objecting party