

STATE OF MICHIGAN 53RD JUDICIAL CIRCUIT CHEBOYGAN COUNTY	DOMESTIC RELATIONS JUDGMENT INFORMATION, PAGE 2 <input type="checkbox"/> TEMPORARY <input type="checkbox"/> FINAL	CASE NO.
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MEDICAL SUPPORT PROVISIONS: List the name of each insurance provider for the plaintiff and the defendant. Then enter the name of each child in this case who is covered by that provider and the type of coverage provided.

Plaintiff's Insurance Coverage

Provider name and address	Policy/Group no.	Cert. no.	Child(ren)'s name(s)	Medical	Dental	Optical	Other

Defendant's Insurance Coverage

Provider name and address	Policy/Group no.	Cert. no.	Child(ren)'s name(s)	Medical	Dental	Optical	Other