

STATE OF MICHIGAN
20TH JUDICIAL CIRCUIT COURT Ottawa
County Clerk / Register of Deeds
414 Washington, Room 320, Grand Haven, MI 49417
616-846-8320

OBJECTION TO RECOMMENDED ORDER REGARDING MEDICAL EXPENSES

{A}

PLAINTIFF'S NAME & ADDRESS:

V

DEFENDANT'S NAME & ADDRESS:

Plaintiff's objection Defendant's objection

FILE NO: _____

DATE ORDER MAILED: _____ I am _____ am not _____ represented by an attorney

Attorney signature, if applicable (**MUST** be signed if represented by an Attorney) _____

PLEASE NOTE: If you or your attorney are filing an objection to this order you must use MiFILE to file an objection. Use this form for the objection and e-file it at <https://mifile.courts.michigan.gov>. IF THE OBJECTION IS NOT PROPERLY EFILED WITH CIRCUIT COURT RECORDS, THE RECOMMENDED ORDER MAY BE INCORRECTLY SUBMITTED FOR ENTRY.

IF YOU REQUIRE AN INTERPRETER YOU MUST NOTIFY THE COURT A MINIMUM OF THREE (3) DAYS PRIOR TO YOUR HEARING

SI NECESITA UN INTÉRPRETE, DEBE NOTIFICAR AL TRIBUNAL UN MÍNIMO DE TRES (3) DÍAS ANTES DE SU AUDIENCIA

I request a hearing be scheduled before the Court.

{F} REASON FOR OBJECTION: (must be completed; use additional sheet(s) if needed):

You (the person objecting) must use the MiFile link above to e-file the objection

You will be notified by the Friend of the Court, by mail or e-notice of the time and date of your hearing

Date: _____

Signature: /s/ _____

Plaintiff Defendant