

STATE OF MICHIGAN
20TH JUDICIAL CIRCUIT COURT Ottawa
County Clerk / Register of Deeds
12240 Filmore St, Suite 50, West Olive MI 49460
616-846-8320

OBJECTION TO RECOMMENDED ORDER REGARDING MEDICAL EXPENSES

{A}

<p>Plaintiff's Name:</p> <p>Address:</p> <p>Phone Number:</p>	V	<p>Defendant's Name:</p> <p>Address:</p> <p>Phone Number:</p>
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☐ 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