

<b>STATE OF MICHIGAN JUDICIAL CIRCUIT COUNTY</b>	<b>OBJECTION TO REFEREE'S RECOMMENDED ORDER</b>	<b>CASE NO.</b>
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Court address Court telephone no.

Plaintiff's name, address, and telephone no. <input type="checkbox"/> Moving party
Third party's name, address, and telephone no. <input type="checkbox"/> Moving party

v

Defendant's name, address, and telephone no. <input type="checkbox"/> Moving party

I object to the entry of the referee's recommended order dated \_\_\_\_\_ and request a de novo hearing by the court. My objection is based on the following reason(s):

—

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

\_\_\_\_\_ Date

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

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

**NOTICE OF HEARING**

A hearing will be held on this objection before Hon. \_\_\_\_\_  
Name of judge

on \_\_\_\_\_ at \_\_\_\_\_ at \_\_\_\_\_  
Date Time Place

If you require special accommodations to use the court because of a disability, please contact the court immediately to make arrangements.

**CERTIFICATE OF MAILING**

I certify that on this date I mailed a copy of this objection and notice of hearing on the other party(ies) by ordinary mail at the above address(es).

\_\_\_\_\_ Date

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