

STATE OF MICHIGAN
20TH JUDICIAL CIRCUIT COURT
414 Washington Ave, Grand Haven MI 49417
616-846-8320

{A}

PLAINTIFF'S NAME & ADDRESS:	V	DEFENDANT'S NAME & ADDRESS:
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{B} FILE NO: _____

{C} Plaintiff's objection Defendant's objection to:

Friend of the Court's Order Referee's Order

{D} DATE OF ORDER BEING OBJECTED TO: _____

I request a hearing be scheduled before the Court regarding an objection to:

- Support
- Visitation
- Medical expenses
- Interim order – Friend of the Court
- 21 day order – Friend of the Court

{E} REASON FOR OBJECTION: **(must be completed)** _____

****You (the person objecting) must mail the ORIGINAL objection to:**

Circuit Court Records
414 Washington Ave, Room 320
Grand Haven MI 49417

{F} I certify that on this date, I mailed a copy of this objection to the other party at:

(complete address)

Date: _____

Signature _____

Plaintiff Defendant