STATE OF MICHIGAN JUDICIAL CIRCUIT COUNTY	OBJECTION TO REFEREE'S RECOMMENDED ORDER	CASE NO. and JUDGE A

Court address **Court telephone no.**

B

Plaintiff's name, address, and telephone no. ☐ moving party	v	Defendant's name, address, and telephone no. ☐ moving party
Third party's name, address, and telephone no. ☐ moving party		

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

D

E

_____ _____
Date Moving party's signature

_____
Name (type or print)

NOTICE OF HEARING

F A hearing will be held on this objection before _____
Judge

on _____ at _____ .
Date and time Location

If you require accommodations to use the court because of a disability, or if you require a foreign language interpreter to help you fully participate in court proceedings, please contact the court immediately to make arrangements. When contacting the court, provide your case number(s).

CERTIFICATE OF MAILING

I served a copy of this objection on the parties or their attorneys by first-class mail addressed to their last-known addresses as defined by MCR 3.203. I declare under the penalties of perjury that this certificate of mailing has been examined by me and that its contents are true to the best of my information, knowledge, and belief.

G

_____ _____
Date Signature of objecting party

Form Instructions

Distribute form to:
Court
Moving party
Objecting party
Friend of the court
Proof of service