

**STATE OF MICHIGAN  
JUDICIAL CIRCUIT  
COUNTY**

**OBJECTION TO EX PARTE ORDER AND  
MOTION TO RESCIND OR MODIFY**

**CASE NO.**

Court address

Court telephone no.

Plaintiff's name, address, and telephone no.

**Please print or type information.**

**v**

Defendant's name, address, and telephone no.

**OBJECTION AND MOTION**

I, \_\_\_\_\_, state:  
Name of party filing motion

- 1. I have been served with an ex parte order in this case dated \_\_\_\_\_ .
- 2. I object to the  custody  parenting-time  support provisions of that order because:

I request that a hearing be held to rescind or modify the ex parte order.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of party filing motion

**NOTICE OF HEARING**

**See instructions for details on getting a hearing date, time, and location.**

A hearing will be held on this motion before \_\_\_\_\_ on  
Judge/Referee

\_\_\_\_\_ at \_\_\_\_\_ at \_\_\_\_\_ .  
Date Time Location

If you require special 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**

**See instructions to make sure this motion gets mailed on time.**

I certify that on this date I served a copy of this motion and notice of hearing on the parties or their attorneys by first-class mail addressed to their last-known addresses as defined in MCR 3.203.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature