

<b>STATE OF MICHIGAN JUDICIAL CIRCUIT COUNTY</b>	<b>OBJECTION TO REFEREE'S RECOMMENDED ORDER</b>	<b>CASE NO. and JUDGE</b> <span style="border: 1px solid black; border-radius: 50%; padding: 2px;">A</span>
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Court address \_\_\_\_\_ Court telephone no. \_\_\_\_\_

<span style="border: 1px solid black; border-radius: 50%; padding: 2px;">B</span> 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
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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