

**STATE OF MICHIGAN
JUDICIAL CIRCUIT
COUNTY**

**OBJECTION TO
REFEREE'S RECOMMENDED ORDER**

(A) CASE NO.

Court address

Court telephone no.

(B)

Plaintiff's name, address, and telephone no. moving party

Defendant's name, address, and telephone no. moving party

v

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 _____ 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

I certify that on this date I served a copy of this objection 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.

(G)

_____ Date

_____ Signature of objecting party