**STATE OF MICHIGAN** 54<sup>™</sup> JUDICIAL CIRCUIT **FAMILY DIVISION** 

## **OBJECTION** AND REQUEST FOR HEARING

**CASE NUMBER** 

TUSCOLA COUNTY	AND ILEG	JEO!!	ORTILARINO	
10 N STATE STREET, CARO MI 48723			Circuit Co	urt Clerk Phone Number: 989-672-378
Plaintiff's Name and Address		vs	Defendant's Name	and Address
I,(NAME)  □ Proposed Order for Child	d Support dated _			regarding the following:
☐ Proposed Order for Make	e-up Parenting Ti	ime date	d	·
☐ Proposed Order for Med☐ Other	•			·
In the space below, please state spec	ifically the reason(s)	for your o	objection (use additional	sheets of paper if necessary):
Date:	_ Signa	ature		
			(PRINT I	NAME)

## THIS OBJECTION MUST BE FILED WITH THE TUSCOLA COUNTY CLERK **USING ONE OF THE FOLLOWING METHODS:**

- Mail to: Tuscola County Clerk, 1st FLOOR, 440 N STATE STREET, CARO, MI 48723; or
- FAX: 989-672-4266; or
- Email: 54circuitcourt@tuscolacounty.org; or

## YOU MUST ALSO SEND A COPY TO THE OTHER PARTY

CERTIFICATE OF MAILING				
I certify that on this date I filed the Original copy of this Objection with the Tuscola County Clerk's Office and mailed a copy to the other party by regular mail addressed to their last known address as shown above.				
Date:	Signature of Objecting Party			