

STATE OF MICHIGAN 54 <sup>TH</sup> JUDICIAL CIRCUIT FAMILY DIVISION TUSCOLA COUNTY	<b>OBJECTION AND REQUEST FOR HEARING</b>	<b>CASE NUMBER</b>
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440 N STATE STREET, CARO MI 48723

**PLEASE COMPLETE FULLY. TYPE OR PRINT. FILE WITH THE COUNTY CLERK.**

Plaintiff's Name and Address	V	Defendant's Name and Address
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**I OBJECT TO AND REQUEST A HEARING REGARDING:**

- Referee's Recommended Order
- Friend of the Court's Recommendation and Proposed Order
- Complaint for Enforcement of Health Care Expense Payment
- Friend of the Court's Parenting Time Determination
- Friend of the Court's Parenting Time Abatement.
- Other \_\_\_\_\_

**Please state specifically what you are objecting to and your reason for objecting (continue on separate sheet if necessary).**

**Date** \_\_\_\_\_

**Signature** \_\_\_\_\_

\_\_\_\_\_  
**(please print name)**

**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 addresses as shown above.

Dated: \_\_\_\_\_

Signature of Objecting Party \_\_\_\_\_