

Original - Clerk  
1<sup>st</sup> Copy - Plaintiff  
2<sup>nd</sup> Copy - Defendant  
3<sup>rd</sup> Copy - FOC

STATE OF MICHIGAN 54 <sup>TH</sup> JUDICIAL CIRCUIT FAMILY DIVISION TUSCOLA COUNTY	OBJECTION	CASE NUMBER
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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:
- Referee's Recommended Order
  - Objection to Order under 7-Day Notice
  - Friend of the Court's Recommendation and Proposed Order
  - Complaint for Enforcement of Health Care Expense Payment
  - Informal Mediation
  - Friend of the Court Report and Recommendation
  - Friend of the Court's Parenting Time Recommendation
  - 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 and the Friend of the Court by regular mail addressed to their last known addresses as shown above.	
Dated: _____	Signature of Objecting Party _____