Original - Clerk
1st Copy - Plaintiff
2nd Copy – Defendant

STATE OF MICHIGAN 54TH JUDICIAL CIRCUIT FAMILY DIVISION TUSCOLA COUNTY	OBJECTION AND REQUEST FOR HEARING	CASE NUMBER

440 N STATE STREET, CARO MI 48723

Circuit Court Clerk Phone Number: 989-672-3780

Plaintiff's Name and Address	Defendant's Name and Address

I, _____ object to and request a hearing regarding the following:
(NAME)

- ☐ Proposed Order for Child Support dated _____.
- ☐ Proposed Order for Custody and/or Parenting Time dated _____.
- ☐ Proposed Order for Make-up Parenting Time dated _____.
- ☐ Proposed Order for Medical Expense Reimbursement dated _____.
- ☐ Other _____.

In the space below, please state specifically the reason(s) for your objection (use additional sheets of paper if necessary):

Date: _____ **Signature**_____

_____
(PRINT 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**
- **Email: 54circuitcourt@tuscolacounty.org**

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** _____