

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

Circuit Court Clerk Phone Number: 989-672-3780

Plaintiff's Name and Address	vs	Defendant's Name and Address
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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, 1ST FLOOR, 440 N STATE STREET, CARO, MI 48723; AND
YOU MUST 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 _____