

**STATE OF MICHIGAN  
JUDICIAL CIRCUIT  
COUNTY**

**OBJECTION TO  
REFEREE'S RECOMMENDED ORDER**

**(A) CASE NO.**

Court address

Court telephone no.

**(B)**

Plaintiff's name, address, and telephone no.  moving party

Defendant's name, address, and telephone no.  moving party

**v**

Third party's name, address, and telephone no.  moving party

I object to the entry of the referee's recommended order dated **(C)** \_\_\_\_\_ and request a de novo review by the court. My objection is based on the following reason(s):

**(D)**

**(E)**

\_\_\_\_\_ Date

\_\_\_\_\_ Moving party's signature

\_\_\_\_\_ Name (type or print)

**NOTICE OF HEARING**

**(F)**

A hearing will be held on this objection before \_\_\_\_\_ Judge

on \_\_\_\_\_ at \_\_\_\_\_ at \_\_\_\_\_  
Date Time Location

If you require special accommodations to use the court because of a disability, or if you require a foreign language interpreter to help you fully participate in court proceedings, please contact the court immediately to make arrangements. When contacting the court, provide your case number(s).

**CERTIFICATE OF MAILING**

I certify that on this date I served a copy of this objection and notice of hearing on the parties or their attorneys by first-class mail addressed to their last-known addresses as defined in MCR 3.203.

**(G)**

\_\_\_\_\_ Date

\_\_\_\_\_ Signature of objecting party