

Original – Court  
1st copy – Other party  
2nd copy – Moving party

3rd copy – Friend of the court  
4th copy – Proof of service  
5th copy – Proof of service

Approved, SCAO

**STATE OF MICHIGAN**  
53rd **JUDICIAL CIRCUIT**  
CHEBOYGAN **COUNTY**

**OBJECTION TO  
REFEREE'S RECOMMENDED ORDER**

**A** **CASE NO.**

**Court address**  
870 S Main St, Rm 210, PO Box 70, Cheboygan, MI 49721

**Court telephone no.**  
231-627-8825

**B** Plaintiff's name, address, and telephone no.  Moving party

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

v

Defendant'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 Hon. \_\_\_\_\_  
Judge

on \_\_\_\_\_ at 11:00am at 53<sup>rd</sup> Circuit Courtroom  
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