OBJECTION TO CHILD SUPPORT RECOMMENDATION

INSTRUCTIONS:

a). Fill in your case/docket number
b). Fill in the plaintiff and defendant's name and address and check whom is the moving party.
c). Fill in the date you received the recommendation
d). Fill in the reason for your objection

Notice of Hearing: Call the Friend of the Court office at 906-341-3650 to schedule your objection hearing and fill in the Judge, date, and time for that hearing.

e). Date and sign your objection
f). Date and sign your Certificate of Mailing on the date you are filing your objection.

Make three copies of your objection and any attachments.

File all originals in the County Clerk's office
Mail a copy to the other party
Mail / drop off a copy to the Friend of the Court office
Keep a copy for yourself.

Approved, SCAO

Original - Court (A)
1st copy - Other party (B)
2nd copy - Moving party (C)

3rd copy - Friend of the court (D)
4th copy - Proof of service (E)

STATE OF MICHIGAN 11th JUDICIAL CIRCUIT Schoolcraft COUNTY	OBJECTION TO CHILD-SUPPORT REVIEW	(A) CASE NO.

Court address: 300 Walnut Street, Manistique, MI 49854

FAX no.: 906-341-3352

Court telephone no.: (906) 341-3650

(B) Plaintiff's name, address, and telephone no. ☐ moving party

v

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

I received a notice of child-support review from the friend of the court dated (C) _____
I object to the recommendation and request a hearing by the court. My objection is based on the following reason(s):

(D)

_____
_____
_____
_____
_____
_____

Notice of Hearing:

A hearing will be held on this motion before _____ Judge/Referee on _____(Date)

at _____ (Time) at the Schoolcraft County Courthouse

(E) _____
Date

_____
Moving party's signature

_____
Name (type or print)

CERTIFICATE OF MAILING

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

(F) _____
Date

_____
Signature of objecting party