

# FRIEND OF THE COURT

  

## OBJECTION TO REFEREE'S RECOMMENDED ORDER PROCEDURE

**Use this form if:**

- you are objecting to a referee's recommended order.

You must state your objection in writing and file it **in person** or by faxing to the **Friend of the Court office** as soon as possible, **but not later than 21 days** after service of a copy of the referee's recommended order. Objections should be based on good reasons - if your objection is made without grounds, is unreasonable, or is only intended to delay the entry of an order, the court can require you to pay the court costs or attorney fees to handle your objection.

## OBJECTION TO REFEREE'S RECOMMENDED ORDER CHECKLIST

Use the following checklist to make sure you have done all the steps that are needed.

### DID YOU . . .

1. Fill out all requested information on the Objection  
To Referee's Recommended Order form? YES
2. Fill out the Request for Hearing on a Motion form? (If filing in person  
at the FOC, a hearing date will be provided at that time.) YES  
If filing by fax, you must first contact the FOC (assigned Referee's  
office) at the number indicated on the following page, to obtain a  
hearing date, prior to faxing).
3. Make all the necessary copies (3)? YES
4. File the objection packet **in person at the FOC** (Referee's Office),  
or **by Fax** at 586-469-7941? YES
5. **After** filing the objection packet, mail (serve) a copy of the objection  
to the other party (or attorney) and/or to any other custodian/  
guardian? YES
6. Keep one copy of the objection and notice of hearing form for  
yourself? YES

### You must attend the hearing on the objection.

If you cannot answer "**yes**" to all the above steps, a hearing on your objection may be delayed or your objection may be dismissed. By using this form packet you are representing yourself in a court action. In order to receive the action you seek, you must follow the instructions in this packet. If you fail to do even one of the required steps, the order you get from the court may not give you what you want.

**INSTRUCTIONS FOR COMPLETING  
"OBJECTION TO REFEREE'S RECOMMENDED ORDER"**

**Use this form** if you are a party to an action and you have received a copy of a referee's recommended order that you disagree with. By completing this form and filing it with the Referee's secretary at the Friend of the Court office, you are asking for a judicial (de novo) hearing before a judge.

You must fill out this form and file it with the Referee's secretary in person at the office of the Friend of the Court, or by faxing it to the office of the Friend of the Court at 586-469-7941 within 21 days after service of a copy of the referee's recommended order.

**Please print neatly. After filling in the form, you will need to make at least THREE copies.**

Items A through F must be completed before your objection can be filed with the court. Please read the instructions for each item. Then fill in the correct information for that item.

- A.** Copy the "Case No." from the referee's recommended order onto this form.
- B.** See the court papers mentioned above to fill in the "Plaintiff" and "Defendant" boxes and if applicable, the "Third Party" box. Copy your names from these court papers on this form. For example, if your name is in the box that says "plaintiff," then you should write your name in the "plaintiff" box on this form.

You are the "moving party." Once you have written the names where they belong, check the box "moving party" in the same box as your name.

- C.** Write in the date the recommended order was signed by the referee. The date will be in the top portion of the recommended order.
- D.** Explain in as much detail as possible why you disagree with the referee's recommended order. **Your objection must contain a clear and concise statement of the specific findings or application of law to which you disagree.**

Objections regarding the accuracy and completeness of the recommended order must state with specificity the inaccuracy or omission. MCR 3.215(E)(4) (*You may attach additional pages, if necessary.*)

- E.** Write in today's date and sign your name.
- F.** Now go to the Friend of the Court, Referee's office (if filing in person), or contact the Referee's secretary at the number below (if faxing), to get a judicial hearing date.

The Objection to Referee's Recommended Order (with any additional pages), **and three copies must** be presented to the Referee's secretary (listed below) in person at the FOC, or by fax at 586-469-7941. **If filing by fax, a hearing date must be first obtained from Referee's secretary by calling the number below:**

|                            |          |              |
|----------------------------|----------|--------------|
| Judge Kathryn A. George    | -Vivian  | 586-469-5959 |
| Judge Matthew S. Switalski | -Beth    | 586-469-6129 |
| Judge Mark S. Switalski    | -Melanie | 586-469-7813 |
| Judge Tracey A. Yokich     | -Kristin | 586-469-5062 |

- G. Once you receive the judicial hearing date from the Referee's secretary you are required to mail one copy to the other party, pursuant MCR 2.119(C).

Note: *All judicial hearings require **nine (9) days** notice by first class mail to the opposing party and/or attorney for the opposing party, or otherwise pursuant to MCR 2.119(C).*

### **INSTRUCTIONS FOR COMPLETING "NOTICE FOR HEARING ON A MOTION"**

Your Objection to Referee's Recommended Order must include a completed Request for Hearing on a Motion, Notice of Hearing, and Proof of Service form.

**Please print neatly. After filling in the form, you will need to make at least THREE copies.**

Items 1 through 7 must be completed. Please read the instructions for each item. Then fill in the correct information for that item.

1. Motion: This section **must** state that the hearing is based upon objection to the Referee Recommended Order and that the objecting party is seeking a judicial (de novo) hearing with the Judge.
2. Relief sought: This section **must** state that the relief sought is a "judicial hearing" with the Judge.
3. Moving party: You (the objecting party) are the "moving party".
4. Responding parties/attorneys: List the names of the other party and/or their attorney in this section. This is the same person who must be served with the request for judicial hearing regarding the objection to the Referee recommended order.
5. Check the box that applies to whether or not you have attempted to resolve the issue(s) being objected to prior to asking for a judicial (de novo) hearing.
6. Notice of Hearing: If filing in person at the FOC, this portion of the form will be filled out by the Referee's secretary. **IF** filing by fax, you must first obtain a hearing date over the telephone and fill it in the form, prior to faxing your objections and Notice of Hearing form to the FOC.
7. Proof of Service: Once you receive the judicial hearing date from the Referee's secretary you are required to mail one copy to the other party, pursuant to MCR 2.119(C).

Note: *All judicial hearings require **nine (9) days** notice by first class mail to the opposing party and/or attorney for the opposing party.*

#### **What happens next?**

Upon receipt of the Objection to Referee's Recommended Order, the Referee's secretary will provide the original to the Circuit Court Clerk and provide a copy to the assigned Circuit Court Judge.

Should you need a transcript of the Referee's hearing, a Request for Transcript of FOC Referee Hearing is attached.

You must attend the hearing on the date and time stated in the "Notice of Hearing" portion of the form. Your failure to appear for the judicial hearing **shall** result in a dismissal of the objection and adoption of the Referee's Recommended order.

**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

|  |   |                         |
|--|---|-------------------------|
| STATE OF MICHIGAN<br>COUNTY OF MACOMB<br>CIRCUIT COURT | <b>REQUEST FOR HEARING<br/>ON A MOTION<br/>NOTICE OF HEARING<br/>PROOF OF SERVICE</b> | Circuit Court No: _____ |
| Plaintiff Name: _____                                  | v   | Defendant Name: _____   |

1. Motion(s): \_\_\_\_\_

2. Relief sought: \_\_\_\_\_

3. Moving Party: \_\_\_\_\_

Attorney for moving party: \_\_\_\_\_ (P )

Phone Number of Attorney/Moving Party: ( ) \_\_\_\_\_

4. Responding parties/attorneys (include Bar No.(s))

|      |      |
|------|------|
| (P ) | (P ) |
| (P ) | (P ) |
| (P ) | (P ) |

5.  I certify that I made personal contact with the individual(s) listed below requesting concurrence in the relief sought but it was denied:  
 I certify that I made reasonable and diligent efforts to contact the individual(s) listed below but was unable to do so:

|                         |         |
|-------------------------|---------|
| Individual(s) contacted | Date(s) |
|-------------------------|---------|

6. **NOTICE OF HEARING:** The above motion(s) will be heard as follows:

| Judge | Date | Time |
|-------|------|------|
|       |      |      |

**Please note: Per LCR 2.119 and MCR 2.116(G)(1)(c) and MCR 2.119(A)(2), a copy of a motion or response must be provided to the office of the judge hearing the motion! Judge's copy must be clearly marked "JUDGE'S COPY."**

|                                       |      |
|---------------------------------------|------|
| Signature of moving attorney or party | Date |
|---------------------------------------|------|

|   |
|---|
| <input type="checkbox"/> Motion Fee Paid <b>FOR COURT USE ONLY</b><br><br>Adj to: _____ <input type="checkbox"/> THIS MOTION IS REFERRED TO A FRIEND OF THE COURT REFEREE |
|---|

7. **PROOF OF SERVICE:**

I certify that I mailed a copy of this document and the motion(s) referred to in paragraph 1 to the attorneys or parties of record by ordinary mail addressed to their last known addresses. I declare that the statements above are true to the best of my information, knowledge and belief.

|                                      |      |
|--------------------------------------|------|
| Signature of person serving document | Date |
|--------------------------------------|------|

|  |  |                      |
|--|--|----------------------|
| State of Michigan<br>16 <sup>th</sup> Circuit Court<br>Macomb County – Family Division | REQUEST FOR TRANSCRIPT<br>OF FOC REFEREE HEARING | Case No:<br><br>Hon. |
|--|--|----------------------|

Court Address: 40 N Main St, Mount Clemens, MI 48043

(586)469-5160 Telephone (586) 469-7941 Fax

|                         |   |                         |
|-------------------------|---|-------------------------|
| Plaintiff's Name        | v | Defendant's Name        |
| Plaintiff's Attorney P# |   | Defendant's Attorney P# |

### REQUEST FOR TRANSCRIPT

1. I, \_\_\_\_\_ in the above-captioned matter, request a Transcript from the  
Print Name Here  
 Referee Hearing that took place on \_\_\_\_\_.  
Date of Hearing

2. Current Mailing Address: Street Address \_\_\_\_\_ Apt \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

3. Date Transcript is needed: \_\_\_\_\_

There is a fee for the transcript. You will be contacted by the Referee's secretary of the Friend of the Court with the cost.

The transcript will not be prepared until a deposit is received and the transcript **will not** be released until payment is made in full.

\_\_\_\_\_ Date

\_\_\_\_\_ Signature of Requesting Party

\*\*\*\*\*FOR OFFICE USE ONLY\*\*\*\*\*

Request Received On: \_\_\_\_\_ Recorder's Name: \_\_\_\_\_

Payment Received On: \_\_\_\_\_ Provided to Requested Party: \_\_\_\_\_