

27th
Newaygo
**STATE OF MICHIGAN
JUDICIAL CIRCUIT
COUNTY**

**OBJECTION TO EX PARTE ORDER AND
MOTION TO RESCIND OR MODIFY**

(A) CASE NO.

Court address
1092 Newell St, PO Box 885, White Cloud MI 49349

Court telephone no.
231-689-7252

(B)

Plaintiff's name, address, and telephone no.

**Please print or type information.
Note: There is no filing fee.**

v

Defendant's name, address, and telephone no.

OBJECTION AND MOTION

(C) I, _____, state:
Name of party filing motion

(D) 1. I have been served with an ex parte order in this case dated _____ .

(E) 2. I object to the custody parenting-time support provisions of that order because:

I request that a hearing be held to rescind or modify the ex parte order.

(F) _____
Date Signature of party filing motion

NOTICE OF HEARING

(G) A hearing will be held on this motion before _____ on _____
Judge Bar no.
_____ 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 motion 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.

(H) _____
Date Signature