

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 emailing FOCRefereeObjections@macombgov.org 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 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 the 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. If filing by email, 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 emailing). YES**

- 3. Make all necessary copies (3)? YES**

- 4. File the objection packet in person at the Referee’s office at the FOC or by Email at FOCRefereeObjections@macombgov.org. YES**

- 5. After filing the objection, 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 forms 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
“OBJECTIONS 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 Friend of the Court office OR by emailing it to the Office of the Friend of the Court at FOCRefereeObjections@macombgov.org 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. 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 mention 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 or 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 office, Referee Department, with your packet to find out how to get a judicial hearing date.

The Objection to Referee’s Recommended Order (with any additional pages), and **three (3) copies** must be presented to the referee’s secretary (listed below) who will then provide the objecting party with the judicial hearing date.

Judge Teri Lynn Dennings	Lead Recorder	(586) 469-7813
Judge Matthew S. Switalski	Lead Recorder	(586) 469-5062
Judge Tracey A. Yokich	Lead Recorder	(586) 469-5960
Judge Rachel Rancilio	Lead Recorder	(586) 469-5959

- 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 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, 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 an objection to the Referee’s 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/attorney: List the name 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: This portion of the form will be filled out by the referee’s secretary upon presented to the FOC office.
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 required **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 dismissal of the objection and adoption of the Referee’s Recommended Order.

STATE OF MICHIGAN JUDICIAL CIRCUIT COUNTY	OBJECTION TO REFEREE'S RECOMMENDED ORDER	CASE NO. and JUDGE A
----------------------------------------------------------	-----------------------------------------------------	----------------------------------------------------------------------------------------------------------------

Court address _____ Court telephone no. _____

B Plaintiff's name, address, and telephone no. <input type="checkbox"/> moving party Third party's name, address, and telephone no. <input type="checkbox"/> moving party	v	Defendant's name, address, and telephone no. <input type="checkbox"/> moving party
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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)
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NOTICE OF HEARING

F A hearing will be held on this objection before _____ Judge
 on _____ at _____
Date and time Location

If you require 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 served a copy of this objection on the parties or their attorneys by first-class mail addressed to their last-known addresses as defined by MCR 3.203. I declare under the penalties of perjury that this certificate of mailing has been examined by me and that its contents are true to the best of my information, knowledge, and belief.

G _____ Date	_____ Signature of objecting party
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STATE OF MICHIGAN COUNTY OF MACOMB CIRCUIT COURT	REQUEST FOR HEARING ON A MOTION NOTICE OF HEARING PROOF OF SERVICE	Circuit Court No: _____
--------------------------------------------------------	---------------------------------------------------------------------------------------	-------------------------

Plaintiff Name: _____	v	Defendant Name: _____
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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)
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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
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<input type="checkbox"/> Motion Fee Paid FOR COURT USE ONLY 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
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State of Michigan 16 th Circuit Court Macomb County – Family Division	REQUEST FOR TRANSCRIPT OF FOC REFEREE HEARING	Case No: Hon.
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Court Address: 40 N Main St, Mount Clemens, MI 48043

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

Plaintiff's Name		Defendant's Name
Plaintiff's Attorney P#	v	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: _____