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

STATE OF MICHIGAN		
	JUDICIAL CIRCUIT	
	COUNTY	

OBJECTION TO EX PARTE ORDER AND MOTION TO RESCIND OR MODIFY

A	CASE NO.	

Court address Court telephone no. Please print or type information. Plaintiff's name, address, and telephone no. (\mathbf{B}) Note: There is no filing fee. Defendant's name, address, and telephone no. **OBJECTION AND MOTION** Name of party filing motion 1. I have been served with an ex parte order in this case dated ___ 2. I object to the \(\subseteq \text{custody} \) parenting-time \(\subseteq \text{support} \) provisions of that order because: I request that a hearing be held to rescind or modify the ex parte order. Date Signature of party filing motion NOTICE OF HEARING Date 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. (\mathbf{H}) Date Signature