Original - Court 1st copy - Payer 2nd copy - Payee 3rd copy - Friend of the court

Approved, SCAO

STATE OF MICHIGAN

REFEREE FINDINGS AND RECOMMENDATION

CASE NO.

JUDICIAL CII CO	UNTY	FOR ORDER A		EARINGON		
Court address		I.			C	Court telephone no.
Plaintiff's name, address, and telephone no.				1. Date of hearing:		
				Referee: _		Bar no.
						Dai 110.
v						
Defendant's name, ad	dress, and	telephone no.				
FINDINGS:						
2. A motion was filed on			by the	\Box friend of the cou	urt \square plaintiff	defendant
requesting the order of su		modified to				
☐a. change support payr	ments.					
☐ b. require the party(ies)) to obtair	n or maintain health-car	e coveraç	ge for the child(ren).		
3. Notice of hearing has been		\square served on both par		\square waived by both	parties.	
4. □ A substantial change of		·		•		
☐ No substantial change				• • • • • • • • • • • • • • • • • • • •		
5. Plaintiff Defenda				amoanon of the supp	ont order.	
6. Other:		as present at the hear				
☐ 6. Other:						
 Either party has the right to with the clerk of the court w the objection and notice o 	vithin 21 c	lays after this recomme				
Based upon these findings th	e referee	recommends entry of	the attach	ed order (form FOC	10/52).	
Date			Re	eferee signature		