

**STATE OF MICHIGAN  
JUDICIAL CIRCUIT  
COUNTY**

**ORDER TO SHOW CAUSE WHY  
APPEAL SHOULD NOT BE DISMISSED**

**CASE NO.**

Court address

Court telephone no.

Plaintiff's name(s) and address(es) <input type="checkbox"/> Appellant  Plaintiff's attorney, bar no., address, and telephone no.
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**v**

Defendant's name(s) and address(es) <input type="checkbox"/> Appellant  Defendant's attorney, bar no., address, and telephone no.
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1. Appellant has filed an appeal with this court.
2. Appellant has failed to comply with the following provisions of the Michigan Court Rules concerning appeals:

**IT IS ORDERED:**

3. The appellant's attorney shall appear on \_\_\_\_\_ at \_\_\_\_\_ at \_\_\_\_\_  
Date Time Location to show cause why the appeal should not be dismissed.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Judge Bar no.

**CERTIFICATE OF MAILING**

I certify that on this date I served a copy of this order on the parties or their attorneys by first-class mail addressed to their last-known addresses as defined in MCR 2.107(C)(3).

\_\_\_\_\_  
Date

\_\_\_\_\_  
Court clerk