

STATE OF MICHIGAN JUDICIAL CIRCUIT COUNTY	ORDER TO SHOW CAUSE WHY APPEAL SHOULD NOT BE DISMISSED	CASE NO. and JUDGE
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Court address _____ **Court telephone no.** _____

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

v

Defendant's name, address, and telephone no. <input type="checkbox"/> Appellant
Defendant's attorney, bar no., address, and telephone no.

1. Appellant has filed as 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 _____
Date and time


at _____ to show cause why the appeal should not be dismissed.
Location



Judge signature and date

CERTIFICATE OF MAILING

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 by MCR 2.107(C)(3). 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.



Court clerk signature and date