STATE OF MICHIGAN JUDICIAL CIRCUIT COUNTY

Plaintiff's name, address, and telephone no.

Defendant's name, address, and telephone no.

MOTION AND ORDER TO SHOW CAUSE FOR CONTEMPT (MEDICAL)

CASE NO. and JUDGE

Court address

Court telephone no.

MOTION

1. The office of the friend of the court has reviewed the records and determined the respondent,

Name of respondent

has failed to obtain or maintain health-care
coverage for the child(ren) as ordered by the court.

2. **I request** the court issue an order to show cause why the respondent named above should not be found in contempt for failure to comply with the court's order.

Attorney:

Attorney:

v

USE NOTE: This form is for use by the friend of the court. Parties should use form MC 230.

Date	Friend of the court/Authorized representative
IT IS ORDERED:	ORDER
3. Name of respondent	shall appear on Date and time
at	

to show cause why he/she should not be held in contempt for failure to comply with the court's order. If the named party fails to appear, he/she may be found in contempt and a bench warrant may be issued for his/her arrest. If contempt is found, the court may apply any enforcement remedy allowed under law.

4. This matter will be heard before a referee; however, this matter may be taken before the judge for immediate hearing if necessary.

Judge signature and date

NOTICE REGARDING HEARING:

Each party attending the hearing must dress in a manner appropriate for a court hearing and must not carry any weapons into the courthouse or office of the friend of the court.

- \Box Do not bring any child to court who will not be called to testify.
- \square Complete the attached forms that apply, following the instructions provided.

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).

Approved, SCAO Form FOC 2a, Rev. 5/21 MCL 552.511, MCL 552.625(a), MCL 552.626a, MCL 552.631, MCR 3.208(B)(1) Page 1 of 2 Distribute form to: Court Plaintiff Defendant Friend of the court Motion and Order to Show Cause for Contempt (Medical) (5/21) Page 2 of 2

Case No. ___

CERTIFICATE OF MAILING

I served a copy of this motion and order 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.

Date

Signature