STATE OF MICHIGAN JUDICIAL DISTRICT JUDICIAL CIRCUIT 41st

EXPARTE DENIAL OF PROPOSED -WRIT-OF-HABEAS-GORPUS-

CASE NO. and JUDGE

Mary B. Barglind

ORDER TO SHOW CAUSE ("OSC") 23-17621-AH

| Court address | | Co | ourt telephone no. |
|---|------------------------|--|--------------------|
| Menominee County Courthouse, 839 10th Ave, Men | ominee, MI 49858 | (90 | 6) 863-9968 |
| IN THE NAME OF THE PEOPLE OF THE STATE | FE OF MICHIGAN: | Nonhaman Rights Project, | Inc, et a |
| TO: DeYoung Family Zoo, LLC and Harold L. DeY | oung | , the agency or person have | ving custody of |
| the seven chimanzees prisoners | NA | NA | |
| Name | I.D. no. | Date of birth | |
| ☐ To bring prisoner to court in the case of: People of v | | Prisoner A (aka Louie), Prisoner B, Prisoner D, Prisoner E, and Prisoner C | |
| IT IS ORDERED: | | n n nec | 1 2 2023 |
| ☐ 1. Answer this writ, stating the authority under OSC | which you res | rain the prisoner. exercise custody of 41st CIF | Overthe minor |
| child. File your answer with the 🔲 cou | rt 🗌 judge | Dy Date | |
| ☐ 2. Deliver the person named in this writ into the | a avetedo ef | Date | |
| 2. Deliver the person harned in this writ into tr | Name/ | itle/Agency | |
| for: the prosecution of | | | misdemeanor. |
| Charge and MCL cita | tion or PACC code | ,, | miodernearior. |
| Specify purpose (witness testimony, etc.). | | | • |
| at | Name of Judge/Referee/ | | estody. |
| Location of court | , on Date | at | • |
| Bring this writ with you. | | | |
| 4. Produce the prisoner via compatible two-wa | ay interactive video | echnology for the purpose indicated ab | ove on |
| Date at at | | | |
| 5. Fees are allowed in the amount of \$\frac{1}{26}\$. It is ordered that this Pr Complaint for Writ of Habe "prisoner" chimpanzees are Plaintiff is not entitled writ. (MCL600.4316) | not persons to the Mo | denied in that the all as required by MCR 3.3 | |
| Approved, SCAO Form MC 203, Rev. 9/23 | | bute form to: | |
| MCL 600.4301 <i>et seq.</i> , MCR 3.304 Page 1 of 2 | Tran | t odial officer sport officer ecutor | |

Return

PROOF OF SERVICE

| STATE OF MICHIGAN, COUNTY O | DF | |
|---|--|--|
| I certify that on | at Time | , I personally served the original writ of habeas |
| corpus on | | |
| Date | Sign | ature |
| Required only under MCR 3.303 | ANSWEI | R |
| STATE OF MICHIGAN, COUNTY O | DF | - |
| I, Name | , state: | |
| 1. I do not have Person named in wr | rit | under my custody, power, or restraint. |
| 2. On by | authority of | |
| | ☐ released. ☐ transferred to | Location (exhibits attached). |
| 3. I have Person named in writ | | Location under my custody, power, or restraint under a |
| issued by Name will be produced at the hearing | g. | A copy of the document is attached and the original ormation, knowledge, and belief. |
| Date | Signa | ature |
| | Title | |
| When required by MCR 3.303(L)(2). | NOTICE TO PROSECUT | ING ATTORNEY |
| TO: The prosecuting attorney of | The second secon | County |
| You are notified that the annexed wr is believed to have custody of the pr | it of habeas corpus has been isoner. | issued. Name/Title/Agency |
| Date | P | risoner Attorney/Bar no. |
| Address | | |
| City, state, zip | Telephone no | |