PARENTING TIME COMPLAINT

Family Division of the 53rd Judicial Circuit Court

Presque Isle County [√]
PO Box 192
Rogers City, MI 49779

Docket Number:_____

Plaintiff:_____ Defendant:_____
Address:_____ Address:_____
_____ _____
Phone: (_____)_____ Phone: (_____)_____

IMPORTANT! PARENTING TIME COMPLAINTS MUST BE FILED WITHIN 14 DAYS OF THE ALLEGED VIOLATION. THE FRIEND OF THE COURT WILL ONLY ENFORCE PARENTING TIME AS PROVIDED IN YOUR COURT ORDER. (THIS INCLUDES ANY SCHEDULE DEVELOPED THROUGH THE OFFICE OF THE FRIEND OF THE COURT)

VERBAL AGREEMENTS BETWEEN THE PARTIES **CANNOT** BE ENFORCED!

I, _____, say that I was to have parenting time with:

Child's name_____ Birth date:_____
Child's name_____ Birth date:_____
Child's name_____ Birth date:_____
Child's name_____ Birth date:_____

Beginning at _____ on _____ until _____ on _____.
Time Date Time Date

A. I was denied parenting time because:_____
_____
_____

B. How did you notify the other parent of your intent to exercise a visit?
By phone on_____ By letter on_____
Date Date

C. Did you actually go to the home and attempt pick up? _____ Yes _____ No

D. If your complaint is other than denial, please explain:_____
(Attach additional sheet(s) if necessary)
_____
_____

E. Are you requesting make-up parenting time? _____ Yes _____ No
If Yes, proposed dates:_____

THIS FORM MUST BE COMPLETED IN FULL AND SIGNED BY THE COMPLAINING PARTY

Date:_____ Signature:_____