

PARENTING TIME VIOLATION COMPLAINT FORM

NAME (printed) _____

Phone # _____

Docket Number _____

Email: _____

Case Manager _____

Please complete this form and return it to the FOC by mail or email for review and consideration of the action to be taken.

- 1) Date(s) and time(s) when you were denied parenting time:

DATES:	TIMES:	# of OVERNIGHTS _____
_____	_____	
_____	_____	
_____	_____	# of HOURS _____

- 2) Are these times specifically provided for by the Court order presently in effect? YES NO

- 3) Specifically, what does your court order say about parenting time? What date was this order entered?

- 4) What was the date of the last visit? _____

- 5) Please provide a brief narrative of the events that occurred relating to your denied parenting time. For instance: Who appeared to pick up the child/children? If not yourself, is this person known to your co-parent and child/ren? Were prior arrangements made with your co-parent regarding the parenting time such as advance notice, time and place? How long did you wait before leaving the designated place of pick up?

- 6) Were you or have you been offered alternate or make-up time with the children? YES NO

Check one:

_____ Place in my file for documentation purposes only.

_____ Enforcement.

Signature

Date

Return Signed form to: FRIEND OF THE COURT
328 WASHINGTON ST., STE 200, TRAVERSE CITY MI 49684
EMAIL: FRIENDOFTHECOURT@13THCIRCUITCOURT.ORG
FAX: 231-922-4574