

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 _____
_____	_____	_____
_____	_____	_____

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