

Approved, SCAO

Original – Court  
1st copy – Other party  
2nd copy – Moving party

3rd copy – Friend of the court  
4th copy – Proof of service  
5th copy – Proof of service

**STATE OF MICHIGAN  
JUDICIAL CIRCUIT  
COUNTY**

**MOTION REGARDING PARENTING TIME**

**A** **CASE NO.**

**Court address**

**Court telephone no.**

**B** Plaintiff's name, address, and telephone no. ☐ moving party

Third party's name, address, and telephone no. ☐ moving party

**v**

Defendant's name, address and telephone no. ☐ moving party

- C** 1. ☐ a. On \_\_\_\_\_, a judgment  
Date  
or order was entered regarding parenting time.  
☐ b. There is currently no order regarding parenting time.

2. Attached is a completed Uniform Child Custody Jurisdiction Enforcement Act Affidavit (MC 416).

- D** ☐ 3. \_\_\_\_\_ has disobeyed the parenting-time order as follows:  
Name  
☐ a. he/she has denied me parenting time with the child(ren) as follows:  
☐ b. he/she has not had parenting time with the child(ren) as follows:  
☐ c. he/she has made changes in parenting time without court order as follows:  
☐ d. he/she has not followed the specific conditions of parenting time as follows:  
Use a separate sheet to explain in detail what has happened and attach. Include all necessary facts.

- E** ☐ 4. \_\_\_\_\_ and I have agreed to parenting time as follows:  
Name  
Use a separate sheet to explain in detail what you have agreed on and attach. Include all necessary facts.

- F** 5. It is in the best interests of the child(ren) to ☐ establish parenting time ☐ change parenting time because:  
Use a separate sheet to explain why it is in the best interests of the child(ren) and attach.

- G** 6. **I ask the court to order that parenting time be** ☐ established ☐ changed ☐ made up as follows:  
Use a separate sheet to explain in detail what you want the court to order and attach.

**H** \_\_\_\_\_  
Date Moving party's signature

**NOTICE OF HEARING**

- I** A hearing will be held on this motion before \_\_\_\_\_ Judge/Referee Bar no.  
on \_\_\_\_\_ at \_\_\_\_\_ at \_\_\_\_\_  
Date Time Location

If you require special 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).

NOTE: If you are the person receiving this motion, you may file a response. Contact the friend of the court office and request form FOC 66.

**CERTIFICATE OF MAILING**

I certify that on this date I served a copy of this motion, a Uniform Child Custody Jurisdiction Enforcement Act Affidavit and notice of hearing on the parties or their attorneys by first-class mail addressed to their last-known addresses as defined in MCR 3.203.

**J** \_\_\_\_\_  
Date Moving party's signature