

PARENTING TIME DENIED AFFIDAVIT

MUST BE TYPED OR PRINTED, FULLY COMPLETED, SIGNED, AND DATED

State of Michigan
54th Judicial Circuit
Tuscola County

CASE NUMBER: _____

Friend of the Court, Tuscola County Courthouse, 440 N. State Street, Caro MI 48723 Phone: 989-673-4848 Fax: 989-673-4898

PLAINTIFF	DEFENDANT
Name: _____	Name: _____
Address: _____	Address: _____
City, State, Zip: _____	City, State, Zip: _____
Phone: _____	Phone: _____

**[COMPLAINT MUST BE SUBMITTED TO FOC WITHIN 56 DAYS OF THE ALLEGED DENIAL DATE]
*EMAILED PHOTO(S) OF YOUR COMPLAINT WILL NOT BE ACCEPTED***

Now comes _____ and submits this Parenting Time Affidavit as follows:
(print your name)

That I am entitled to parenting time pursuant to court order dated _____, and request makeup parenting time as determined by the Friend of the Court, with:

Child's name: _____
Child's name: _____
Child's name: _____

I was denied parenting time beginning at _____ on _____ until _____ on _____.
time date time date

I was denied my court ordered parenting time by _____; the reason given for denial:

(continue on reverse)

Please check your actions:

I DID attempt to pick the child(ren) up: at the home; at the court ordered exchange location, which is at: _____.

I DID wait the 15 minutes as required by the Tuscola County Friend of the Court Parenting Guidelines.

I HAVE been denied parenting time before.

******YOU MUST SIGN AND PRINT YOUR NAME******

Date signed Your signature (complaining party) Printed name (complaining party)

