

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

STATE OF MICHIGAN
54TH JUDICIAL CIRCUIT
TUSCOLA COUNTY

CASE #: _____

Friend of the Court, 449 Green 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: _____

PARENTING TIME AFFIDAVIT

State of _____ }
County of _____ } **ss**

Now comes _____, and submits the PARENTING TIME AFFIDAVIT as follows:

1). That I am entitled to parenting time with:

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

Per the order of this Court dated: _____.

2). Beginning at (time) _____ on (date) _____ until (time) _____ on (date) _____.
(ALLEGED DENIAL MUST BE SUBMITTED TO THE FOC WITHIN 56 DAYS OF DATE).

I was denied parenting time by _____ because of _____.

3). That I **DID**___ or **DID NOT**___ attempt to pick up the child(ren) at the home ___ or other court ordered exchange location _____. Further I **DID**___ or **DID NOT**___ wait the 30 minutes as required by the Tuscola County Friend of the Court guidelines. (attach additional sheets if necessary).

4). That I **HAVE**___ or **HAVE NOT**___ been denied parenting time before.

5). That I **DO**___ request makeup parenting time as determined by the Friend of the Court.

6). Other: _____.

DATED **SIGNATURE OF COMPLAINING PARTY** **(MUST BE SIGNED IN THE PRESENCE OF A NOTARY PUBLIC)**

Signed and sworn to before me, a Notary Public, this ____ day of _____, 20____.

_____, Notary Public
_____, County, Michigan
My commission expires:

ET 03/16/07

****NOTARIES AVAILABLE AT FOC & COURTHOUSE. SUBMIT COMPLETED COPY TO THE FOC. EFFECTIVE 12/01.2002 PER MCL552.602(E).**