

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:

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 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)