

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)