

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

Telephone: 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]

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 _____ ,
with:

Child's name: _____

Child's name: _____

Child's name: _____

Beginning at (time) _____ on (date) _____ until (time) _____ on (date) _____

I was denied parenting time by _____ because of (reason given for denial):

(continue on reverse)

Circle your response (in bold type):

- I **DID** / **DID NOT** attempt to pick the child(ren) up at the home ; or other court ordered exchange location ,
which is at: _____.
- I **DID** / **DID NOT** wait the 15 minutes as required by the Tuscola County Friend of the Court Parenting Guidelines.
- I **HAVE** / **HAVE NOT** been denied parenting time before.

I request makeup parenting time as determined by the Friend of the Court

Other request: _____

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

Date signed

Your signature (complaining party)

Printed name (complaining party)

