

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, 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: _____

[ALLEGED DENIAL MUST BE SUBMITTED TO THE FOC WITHIN 56 DAYS OF THE DATE]

(Attach additional sheets if necessary)

Now comes _____ and submits this PARENTING TIME AFFIDAVIT as follows:
(Your Name)

1. That I am entitled to parenting time with:

Child's name: _____ birthdate: _____

Child's name: _____ birthdate: _____

Child's name: _____ birthdate: _____

pursuant to Court Order dated: _____.

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

I was denied parenting time by _____ because of:

(Other Party's Name)

(Explain why the other party denied your parenting time)

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 15 minutes as required by the Tuscola County Friend of the Court guidelines.

3. That I () **HAVE** or () **HAVE NOT** been denied parenting time before.

4. That () I request makeup parenting time as determined by the Friend of the Court; and/or

() I request that a joint meeting be scheduled by the Friend of the Court; and/or

() other: _____ .

****MUST SIGN AND PRINT NAME****

Date Signed

Signature of complaining party

Printed name of complaining party