

STATE OF MICHIGAN 36 TH JUDICIAL CIRCUIT COURT VAN BUREN COUNTY	PARENTING TIME COMPLAINT	DOCKET NUMBER
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Friend of the Court Address: 219 Paw Paw Street, Paw Paw, MI 49079 Telephone No.: 269-657-7734 Fax No.: 269-657-6666

Plaintiff: _____ Defendant: _____
 Address: _____ Address: _____
 Phone: () _____ Phone: () _____

IMPORTANT!!
 THE FRIEND OF THE COURT WILL ONLY ENFORCE PARENTING TIME AS PROVIDED IN YOUR COURT ORDER. VERBAL AGREEMENTS BETWEEN THE PARTIES WILL NOT BE ENFORCED.

I, _____, say that I was to have parenting time with:

CHILD'S NAME	BIRTHDATE
_____	_____
_____	_____
_____	_____

beginning at _____ on _____ until _____ on _____
TIME DATE TIME DATE

NOTICE!!
 PARENTING TIME COMPLAINTS MUST BE FILED WITHIN 56 DAYS OF THE ALLEGED VIOLATION.

- A. I was denied parenting time because: _____
- B. Did you actually go to the home and attempt to pick up the child? Yes No
- C. If your complaint is other than denial, please explain: _____
- D. Have you been denied parenting time before? Yes No
- E. Are you requesting make-up parenting time? Yes No
- Proposed make-up dates: _____

THIS FORM MUST BE COMPLETED IN FULL AND SIGNED BY THE COMPLAINING PARTY
 YOU MAY USE THE BACK OF THIS FORM IF FURTHER EXPLANATION IS NECESSARY

 Date
 11/03

 Signature