

**PLEASE READ THE FOLLOWING INFORMATION BEFORE
YOU COMPLETE THE PARENTING TIME COMPLAINT:**

- **Complete fully and submit a written parenting time complaint within seven (7) days of the alleged denial. The complaint will be reviewed and if it is an enforceable complaint, a notice will be sent by the Friend of the Court to the other party. The other parent must respond to the notice in writing. A determination and response will be provided by the Friend of the Court based upon the information provided by both parties.**
- **Before a parenting time complaint can be enforced, you must do the following:**

The complaining parent attempts to resolve the issues directly with the other parent either by telephone or in writing. AT ALL TIMES, THE COMMUNICATION SHOULD BE A SINCERE COOPERATIVE EFFORT KEEPING IN MIND THE BEST INTEREST OF THE CHILD(REN). Treat the other parent as you would like to be treated. A complete written description of the attempt or a copy of the correspondence must be submitted to the Friend of the Court office. "We cannot talk to each other" IS NOT AN ACCEPTABLE EXCUSE for avoiding contact with the other parent.
- **The Friend of the court will only enforce parenting time as described in your court order. Agreements between the parties will not be enforced.**

**LAPEER COUNTY FRIEND OF THE COURT
PARENTING TIME COMPLAINT FORM**

Docket Number: _____ Caseworker: _____

YOUR NAME: _____ Telephone Number: _____

Address: _____ SSN: _____

_____ Date of Birth: _____

Complaint Against: _____ Telephone Number: _____

Address: _____ SSN: _____

_____ Date of Birth: _____

1. What is the date of your current parenting time order: _____

2. Did you actually attempt to pick up the children? Yes No

Were you late? Yes No If yes, how late? _____

3. I say that I was denied parenting time with the following minor child(ren):

CHILD(REN) Full Name Social Security Number Date of Birth

| CHILD(REN) | Full Name | Social Security Number | Date of Birth |
|------------|-----------|------------------------|---------------|
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| | | | |
| | | | |
| | | | |

beginning at _____ **on** _____ **until** _____ **on** _____.

(TIME) (DATE) (TIME) (DATE)

YOU MUST COMPLETE THE BACK OF THIS FORM

4. I was denied parenting time because: _____

5. If your complaint is for something other than denial of parenting time, please explain:

6. What specific action are you requesting the Friend of the Court take?

Show Cause Hearing Mediation Other: _____

7. Have you been denied parenting time before? Yes No

If yes, when? _____

8. Are you requesting make-up parenting time? Yes No

_____ **Date:** _____

YOUR SIGNATURE