

### PARENTING TIME COMPLAINT FORM

Under MCL 552.511b(2), the Friend of the Court office is **REQUIRED** to send a copy of this complaint to the other party.

Date: \_\_\_\_\_ Docket # \_\_\_\_\_

Complaining Party's Name \_\_\_\_\_ Other Party's Name \_\_\_\_\_

Street address \_\_\_\_\_ Street address \_\_\_\_\_

City, State, Zip \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Phone number \_\_\_\_\_ Phone number \_\_\_\_\_

Email address \_\_\_\_\_ Email address \_\_\_\_\_

1.) Were you denied your parenting time with your child/ren? Yes or No

2.) Was there a physical attempt to pick up the child/ren for parenting time? Yes or No

Please provide the specific dates you were denied parenting time, if you do not list specific dates, the Friend of the Court may be unable to enforce your complaint:

\_\_\_\_\_ to \_\_\_\_\_  
Start Date End Date

\_\_\_\_\_ to \_\_\_\_\_  
Start Date End Date

\_\_\_\_\_ to \_\_\_\_\_  
Start Date End Date

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3.) Are you experiencing parenting time problems other than denials that you are seeking assistance by the Friend of the Court office to settle? Yes or No If yes, explain:

\_\_\_\_\_

4.) Is there/has there been a Personal Protection Order, No Contact Order or Abuse and Neglect (NA) case on this docket? Yes or No If yes, in what county is/was the order issued? \_\_\_\_\_

**If you need more space, please use the back of this form.** Please leave this form at the front desk and your assigned enforcement officer will review and process accordingly.

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_