

PARENTING TIME 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 Name: _____ Address: _____ City, State, Zip: _____ Phone: _____	DEFENDANT Name: _____ Address: _____ City, State, Zip: _____ Phone: _____
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**[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)

3. 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.
4. That I () **HAVE** or () **HAVE NOT** been denied parenting time before.
5. 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

PTAFF