

STATE OF MICHIGAN 27TH JUDICIAL CIRCUIT NEWAYGO COUNTY	<b>PARENTING TIME COMPLAINT FORM</b>	DOCKET NO. <hr/> IV-D # _____
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Friend of the Court  
1092 Newell Street, P.O. Box 885, White Cloud, MI 49349

Telephone: (231) 689-7260  
Fax: (231) 689-7015

**PLEASE CLEARLY PRINT THE ADDRESS OF ALL PARTIES BELOW**

Plaintiff's name and address

Third party's name and address

V

Defendant's name and address

A COPY OF YOUR PARENTING TIME ORDER MUST BE ATTACHED TO FORM FOR YOUR COMPLAINT TO BE PROPERLY PROCESSED. IF YOU DO NOT HAVE A COPY OF YOUR ORDER, YOU MUST FIRST OBTAIN ONE FROM THE CIRCUIT COURT CLERK'S OFFICE AT 231-689-7269. FOC STAFF CANNOT PROVIDE YOU WITH A COPY OF YOUR ORDER AS THE FRIEND OF THE COURT RECORDS ARE CONFIDENTIAL.

1. Complaining party: \_\_\_\_\_
2. Type of order violated: \_\_\_\_\_ Order date: \_\_\_\_\_
3. Specific violation of order, including dates and events regarding violations which are the basis of this complaint:

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(Continue on back if necessary)

4. I think this complaint could be resolved by:
  - a.  \_\_\_\_\_
  - b.  Informal Conference     Formal mediation
  - c.  Make up parenting time consisting of: \_\_\_\_\_

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(Must be reported within 56 days of the alleged violation)

I declare that the above statements are true to the best of my information, knowledge and belief.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date