

**Jackson County Friend of the Court**  
**1697 Lansing Avenue**  
**Jackson, Michigan 49202**  
**Phone: (517) 788-4470 / Fax: (517) 788-4683**

## Parenting Time Complaint Form

Date: \_\_\_\_\_

Court Order Number: \_\_\_\_\_

“Please be advised that the Office of the Friend of the Court will only enforce parenting time as described in your court order. Agreements between the parties will not and cannot be enforced by our office.”

Complainants Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ (home) \_\_\_\_\_ (work)

I was to have parenting time with my child/ren beginning (date) \_\_\_\_\_ at  
(time) \_\_\_\_\_ until (date) \_\_\_\_\_ at (time) \_\_\_\_\_

Explain your complaint: I was denied my parenting time because \_\_\_\_\_

Did you actually go to the home and attempt to pick the child/ren up for parenting time?

\_\_\_\_\_ Yes \_\_\_\_\_ No

Did you appear for your parenting time at the appropriate time? \_\_\_\_\_ Yes \_\_\_\_\_ No

If you were late, approximately how late were you? \_\_\_\_\_

If your complaint is other than actual denial of parenting time, please explain:

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

Have you been denied parenting time before? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, when? \_\_\_\_\_

Name, address and telephone number of person who denied your parenting time:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

**Your Signature:**

\_\_\_\_\_

\*\*The other parent will be provided with a copy of this complaint. Also, make-up parenting time may be applied as the chosen remedy for enforcing this complaint. The Makeup Parenting Time Policy is addressed in MCL 552.642 of the Support and Parenting Time Enforcement Act. Mediation may also be utilized in resolving this complaint. This mediation referral type is addressed in 4th Circuit Court Local Administrative Order 2009-01.