

Approved, SCAO

<b>STATE OF MICHIGAN JUDICIAL CIRCUIT COUNTY</b>	<b>MOTION REGARDING PARENTING TIME</b>	<b>A</b> <b>CASE NO.</b>
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Court address Court telephone no.

**B** Plaintiff's name, address, and telephone no.  moving party

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Third party's name, address, and telephone no.  moving party

**v**

Defendant's name, address and telephone no.  Moving party

**C** 1.  a. On \_\_\_\_\_ a judgment  
Date  
or order was entered regarding parenting time.  
 b. There is currently no order regarding parenting time.

**D**  2. \_\_\_\_\_ has disobeyed the parenting-time order as follows:  
Name  
 a. he/she has denied me parenting time with the child(ren) as follows:  
 b. he/she has not had parenting time with the child(ren) as follows:  
 c. he/she has made changes in parenting time without court order as follows:  
 d. he/she has not followed the specific conditions of parenting time as follows:  
Use a separate sheet to explain in detail what has happened and attach. Include all necessary facts.

**E**  3. \_\_\_\_\_ and I have agreed to parenting time as follows:  
Name  
Use a separate sheet to explain in detail what you have agreed on and attach. Include all necessary facts.

**F** 4. It is in the best interests of the child(ren) to  establish parenting time  change parenting time because:  
Use a separate sheet to explain why it is in the best interests of the child(ren) and attach.

**G** 5. I ask the court to order that parenting time be  established  changed  made up as follows:  
Use a separate sheet to explain in detail what you want the court to order and attach.

**H** \_\_\_\_\_  
Date Moving party's signature

**NOTICE OF HEARING**

**I** A hearing will be held on this motion before \_\_\_\_\_  
Judge/Referee  
on \_\_\_\_\_ at \_\_\_\_\_ at \_\_\_\_\_.  
Date Time Location

If you require special accommodations to use the court because of a disability, or if you require a foreign language interpreter to help you fully participate in court proceedings, please contact the court immediately to make arrangements. When contacting the court, provide your case number(s).

NOTE: If you are the person receiving this motion, you may file a response. Contact the friend of the court office and request form FOC 66.

**CERTIFICATE OF MAILING**

I certify that on this date I served a copy of this motion and notice of hearing on the parties or their attorneys by first-class mail addressed to their last-known addresses as defined in MCR 3.203.

**J** \_\_\_\_\_  
Date Moving party's signature

