

STATE OF MICHIGAN 47 TH JUDICIAL CIRCUIT DELTA COUNTY	CUSTODY OR PARENTING TIME DENIAL COMPLAINT	CASE NUMBER
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Friend of the Court Office: 310 Ludington Street, Escanaba, Michigan 49829

906-789-5110

Plaintiff Name/Address/Phone Number:

Defendant Name/Address/Phone Number:

Attorney:

Attorney:

MCL 552.511b mandates that the Friend of the Court Office initiate enforcement under the Support and Parenting Time Enforcement Act if the Office receives a written complaint stating specific facts constituting a custody or parenting time order violation. This form is provided to assist you in making a custody or parenting time denial complaint. Your complaint must be received by the Friend of the Court Office within 56 days of the alleged violation. A copy of your complaint will be sent to the other party by the Friend of the Court Office in order that the other party may respond to the complaint.

I, _____, claim that I was denied custody/parenting time with the
child(ren): _____

on: **date** _____ **time** _____ until: **date:** _____ **time:** _____
My custody/parenting time order states that I am to have custody/parenting time as follows: *(please state the specific provision of your order that you feel was violated)* _____

I allege that on the date above, the following occurred: *(please give a **brief, concise** statement of the facts surrounding the alleged denial, **use additional sheets if necessary**):* _____

I state the forgoing to the best of my knowledge and belief.

_____ Date

_____ Signature