

REQUEST FOR PARENTING TIME ASSISTANCE

Mail to: Oceana County Friend of the Court
100 S. State Street, Suite M-10
Hart, MI. 49420

Case No. _____

Office Phone: (231) 873-4605 Fax: (231) 873-0252

Friend of the Court recommends that you attempt to resolve parenting time disputes with the other parent before contacting the court.

Friend of the Court Staff will review each request and determine the appropriate response.

Please include a copy of your parenting time order or portion of the order you identify as being violated.

YOUR NAME _____	OTHER PARENT _____
ADDRESS _____	ADDRESS _____
CITY _____	CITY _____
STATE _____ ZIP _____	STATE _____ ZIP _____
TELEPHONE: HOME: () _____	TELEPHONE: HOME: () _____
CELL: () _____	CELL: () _____

Name(s) of child(ren) involved in your request: _____

1. With whom does the child(ren) live? _____
2. What is the date of your last parenting time with your child(ren)? _____
3. What efforts have you made to contact the custodial parent for parenting time and/or to resolve this complaint? _____
4. Do you know if a restraining (no contact) or personal protection order has been issued against either party? Yes No If yes, what County? _____
5. Are you aware of any open or active cases with Children's Protective Services? Yes No If yes, what County? _____
6. If you were denied parenting time, what specific date(s) and time(s) were denied? _____
7. What is the specific date of the court order that has been violated: _____
8. Please describe in detail, but be as brief as possible, the incident that occurred that supports your position that the parenting time order was violated. Please include dates and times of the alleged violation. *Be specific and do not give details about past incidents.*

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