



**ALLEGAN COUNTY FRIEND OF THE COURT  
PARENTING TIME COMPLAINT  
ENFORCEMENT REQUEST**

CASE NO. \_\_\_\_\_

Friend of the Court Address  
113 Chestnut St., POBOX 358, Allegan, MI 49010  
Email: [alleganfoc@allegancounty.org](mailto:alleganfoc@allegancounty.org)

Court Telephone No.  
1-877-543-2660  
Fax No. (269) 673-0322

Plaintiff Name: \_\_\_\_\_  Complainant Party

Defendant Name: \_\_\_\_\_  Complainant Party

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**PLEASE NOTE:**

1. The Friend of the Court will only enforce parenting time as provided in your court order.
2. Any verbal/written agreements between the parties will not be enforced.
3. Include exact dates or times relevant to the alleged denied parenting time.
4. Parenting time complaints must be submitted within 56 days of the alleged violation.
5. This form must be completed in full and signed by the complaining party.
6. You may attach a separate sheet if further explanation is necessary.

I was denied my parenting time with the following minor children:

Child's Name _____ / _____ Birthdate	Child's Name _____ / _____ Birthdate
Child's Name _____ / _____ Birthdate	Child's Name _____ / _____ Birthdate

Beginning at \_\_\_\_\_ on \_\_\_\_\_ until \_\_\_\_\_ on \_\_\_\_\_.  
Time Date Time Date  
*(If more than one set of dates were denied, please utilize the back of this form to list the dates/times of the denials.)*

I was denied parenting time because: \_\_\_\_\_  
 \_\_\_\_\_

Did you go to the home/meeting location and attempt to pick up the child(ren)?  Yes  No

Was this phone/video parenting time that was denied?  Yes  No

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

Is there an active PPO or No Contact Order?  Yes  No If yes, in what county? \_\_\_\_\_

Is there currently an open CPS investigation?  Yes  No

Are you requesting make up parenting time?  Yes  No

Proposed make up dates: \_\_\_\_\_

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

\_\_\_\_\_  
Date  
  
\_\_\_\_\_  
( )  
Home or cell number

\_\_\_\_\_  
Signature of Complainant Party  
  
\_\_\_\_\_  
Home Address