

STATE OF MICHIGAN
IN THE TENTH JUDICIAL CIRCUIT, COUNTY OF SAGINAW

On the matter of the Make-up Visitation Policy,
Domestic Relations Cases in Saginaw County

Administrative Order 1993-3

On the Court's own Motion and under the provisions of MCR 8.112(B), and pursuant to the approval of the Supreme Court of the State of Michigan;

IT IS ORDERED that the make-up visitation policy for domestic relations cases is as follows:

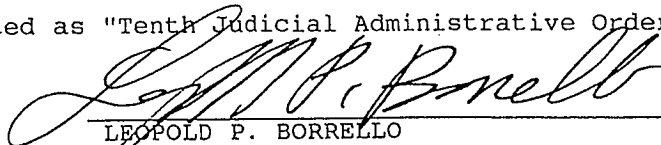
- A. In all domestic relations cases in Saginaw County where a visitation order has been entered, the make-up visitation policy of this administrative order shall be applicable as provided by this order.
- B. The Saginaw County Friend of the Court shall develop and make available at its office an approved form to use by a noncustodial parent to submit a complaint that visitation has been wrongfully denied by the custodial parent.
- C. Make-up visitation shall be available where the noncustodial parent gives written notice to the Friend of the Court of the alleged denial within seven (7) days of the alleged denial.
- D. Within five (5) days of the receipt of a notice of denial of visitation under subsection C, the Friend of the Court shall send to the custodial parent the notice required by Section 42(5)(a) of the Support and Visitation Enforcement Act, MCL 552.642(5)(a); MSA 25.164(42)(5)(a). Said notice shall advise the custodial parent of the availability of a referee hearing where the custodial parent disputes the alleged denial of visitation and shall include a section whereby the custodial parent may request such a hearing by signing the form and returning same to the Office of the Circuit Court Referee.
- E. Upon receipt of a request for a referee hearing, the Office of the Circuit Court Referee shall schedule a hearing for a date within twenty-one (21) days of the date of the request. Notice of said hearing date shall be sent to each party.
- F. If the referee determines that visitation was wrongfully denied, an order shall be entered giving the noncustodial parent make-up visitation. The type of visitation shall be as provided by Section 42(3) of the Support and Visitation Enforcement Act, MCL 552.642(3); MSA 25.164(42)(3), which provides:
 - (a) Makeup visitation shall be the same type and duration of visitation as the visitation that was denied including but not limited to weekend visitation for weekend visitation, holiday visitation for holiday visitation, weekday visitation for weekday visitation, and summer visitation for summer visitation.
 - (b) Makeup visitation shall be taken within 1 year after the wrongfully denied visitation occurred.
 - (c) The time of the makeup visitation shall be chosen by the noncustodial parent.
- G. Either party may appeal the referee's decision by filing a motion for a de novo hearing within fifteen (15) days of the referee's decision. Entry of the order will occur after expiration of the fifteen(15) day appeal period.
- H. This administrative order shall be reprinted on the reverse side of the Complaint Form For Make-up Visitation to be utilized under this policy.

This administrative order may be cited as "Tenth Judicial Administrative Order 1993-3," and it shall have immediate effect.

DATED: 6-4-93

Countersigned:

Sean C. Weber
Deputy Clerk


LEOPOLD P. BORRELLO
CHIEF CIRCUIT JUDGE
TENTH JUDICIAL CIRCUIT

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STATE OF MICHIGAN
10th JUDICIAL CIRCUIT
SAGINAW COUNTY

COMPLAINT FORM FOR
MAKEUP VISITATION

FILE NO.

10th Judicial Circuit Administrative Order 1985-5 establishes the Court's policy re: makeup visitation. Said Order is reprinted on the reverse side of this form. When completing this form, please type or print clearly and firmly as you are making carbon copies.

I. TO BE COMPLETED BY NON-CUSTODIAL PARENT

Plaintiff VS _____
Defendant

NOTICE
I hereby give notice that I was wrongfully denied visitation with my minor child(ren).

Date of Visitation Order: _____ Dated of Alleged Denial: _____
Typed of Visitation Denied (mark one):
 Weekend Holiday Weekday Summer Other (Specify) _____

Brief Statement of the Facts Surrounding the Denial: _____

I request makeup visitation in accordance with the Court's policy as stated on the reverse side of this form. I declare that the statements set forth above and any attached hereto are true to the best of my information, knowledge and belief.

Date Non-Custodial Parent's Signature
Directions: Mail the Original and three copies to: Friend of the Court Office, 615 Court Street, Saginaw, MI 48602. Retain the last copy for your file.

TO: BE COMPLETED BY FRIEND OF THE COURT AND MAILED TO THE CUSTODIAL PARENT FOC CASE NO. _____

NOTICE

You are hereby notified that the Friend of the Court has received the Notice set forth above from the non-custodial parent. You should examine the Notice and take the following action:
1. If you ADMIT the wrongful denial of visitation, you should complete Part III of this form and mail the form to the Friend of the Court Office within 7 days. The Friend of the Court will notify both parties of the application of makeup visitation.
2. If you DENY that visitation was wrongfully denied, you must complete Part IV of this form and mail the form to the Friend of the Court Office within 7 days. The Friend of the Court will record your response in the Friend of the Court file and forward the form to the Referee Office. The Referee Office will then schedule a hearing and mail a Notice of Hearing to both parties.

FAILURE TO RESPOND IN 7 DAYS TO THE OFFICE OF THE FRIEND OF THE COURT SHALL BE CONSIDERED AS AN AGREEMENT THAT VISITATION WAS WRONGFULLY DENIED AND THAT OFFICE WILL ADJUST THE ACCOUNT OF VISITATION ARREARS ACCORDINGLY.

Date Friend of the Court Representative

III. TO BE COMPLETED BY CUSTODIAL PARENT:
I hereby admit that visitation was wrongfully denied as alleged, therefore I agree to the terms of the makeup visitation policy as stated on the reverse side of this form.

Date Custodial Parent's Signature
Directions: Mail Original to: Friend of the Court Office, 615 Court Street, Saginaw, MI 48602. Retain the last copy for your file.

IV. TO BE COMPLETED BY CUSTODIAL PARENT IF A REFEREE HEARING IS DESIRED
I contest the alleged wrongful denial of visitation stated above, and I do not agree to the application of makeup visitation in this case. I hereby request a referee hearing under MCL 552.601 et seq.; MSA 25.164 et seq.

Date Custodial Parent's Signature

Directions: Mail the Original and the 1st copy to: Friend of the Court Office, 615 Court Street, Saginaw, MI 48602. Retain the last copy for your file.

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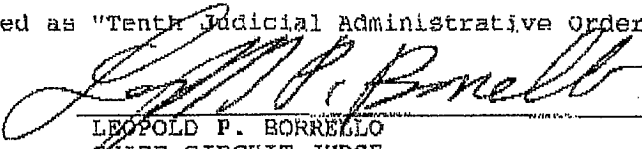
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DATED: 6-14-93

Countersigned:

John C. Keller
Deputy Clerk


LEOPOLD P. BORRELLO
CHIEF CIRCUIT JUDGE
TENTH JUDICIAL CIRCUIT

STATE OF MICHIGAN
10th JUDICIAL CIRCUIT
SAGINAW COUNTY

COMPLAINT FORM FOR
MAKEUP VISITATION

FILE NO.

Of the Court Address and Telephone Number **615 Court St., Saginaw, MI 48602 (517) 790-5300**

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Plaintiff VS _____
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NOTICE

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