

## **DENIAL OF PARENTING TIME AND/OR VIOLATION OF PARENTING TIME ORDER**

If you have been denied parenting time and/or the other party has violated the custody/parenting time order in effect, please complete the attached affidavit to request enforcement activity by the Friend of the Court.

If you believe that you and the other party could agree to a joint meeting, please complete the attached joint meeting request form.

You must complete the form in its entirety and return it to the Friend of the Court Office within **56 days of the violation**.

If you have been denied parenting time, SPECIFICALLY allege the date(s) and time(s) you made a physical attempt(s) to pick up the child(ren). If the other party has violated a provision of the custody/parenting time order, you must state the provision which the other party has violated and explain in detail the specifics of the violation.

The Staff Attorney will review the affidavit and decide the appropriate action based on your complaint. You may receive the following enforcement actions:

- A letter from the Staff Attorney denying the complaint or directing how the dispute will be resolved.
- A 21-day notice of make-up parenting time (FOC 16)
- A referral for mediation
- An appointment for a joint meeting to resolve the issue
- A show cause hearing in front of the Referee

If the matter cannot be resolved and must be scheduled for a show cause hearing, please be advised there may be costs associated with the hearing (up to \$250.00 for first time violations, \$500.00 for second and \$1000.00 for third). If either party makes a false statement or acts frivolously, he/she may be assessed a minimum fee of \$100.00 by the Court.

**NOTICE: No action can be taken as a result of this form if you do not have a current custody/parenting time order. If you do not have a custody/parenting time order, forms are located in the Friend of the Court lobby to establish or modify custody/parenting time.**

**REQUEST FOR ENFORCEMENT OF PARENTING TIME**

**Your complaint must be submitted within 56 days of the date the alleged violation occurred.**

Please note that the Friend of the Court can only enforce parenting time as specifically described in your court order. Agreements between the parties that are not in a court order cannot and will not be enforced by our office.

**Failure to complete all sections may result in a denial.**

Please complete the following:

Case #: \_\_\_\_\_

Date: \_\_\_\_\_

Your Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Daytime Phone #: \_\_\_\_\_

Email: \_\_\_\_\_

COMPLAINT AGAINST: \_\_\_\_\_

Address: \_\_\_\_\_

Daytime Phone #: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Child(ren)'s Names and Ages:

\_\_\_\_\_

Now comes \_\_\_\_\_ and submits this Parenting Time Affidavit as follows:  
(print your name)

According to my court order dated \_\_\_\_\_, I was to have parenting time with my child(ren):

Beginning on: Date: \_\_\_\_\_ Time: \_\_\_\_\_

Ending on: Date: \_\_\_\_\_ Time: \_\_\_\_\_

Explain the events of denied parenting time (attach sheet of paper of needed) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please check your actions:

I DID attempt to pick the child(ren) up:  at the home;  at the court ordered exchange location, which is at: \_\_\_\_\_;  other: \_\_\_\_\_

I DID wait the 30 minutes as required by the Saginaw County Friend of the Court Parenting Time Guidelines.

I HAVE been denied parenting time before.

**WHAT ACTION ARE YOU REQUESTING FROM THE FRIEND OF THE COURT? (Choose only one.)**

Review my complaint and take enforcement action

Read my complaint and make it part of my file.

**\*\*\*PLEASE NOTE THAT COMPLAINTS RECEIVED MORE THAN 56 DAYS AFTER THE ALLEGED VIOLATION OCCURRED MAY NOT BE ENFORCED. \*\*\***

DATE SIGNED: \_\_\_\_\_

\_\_\_\_\_  
Your signature (complaining party)

\_\_\_\_\_  
Printed name (complaining party)

<b>STATE OF MICHIGAN 10<sup>TH</sup> JUDICIAL CIRCUIT FAMILY DIVISION SAGINAW COUNTY</b>	<b>REQUEST FOR JOINT MEETING</b>	<b>CASE NO.</b>
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111 N. Michigan Ave., Saginaw, MI 48602

(989) 790-5300

Joint meetings are part of the Friend of the Court alternative dispute resolution plan to address parenting time enforcement issues. A representative from FOC meets with both parties to address parenting time disputes. If you wish for FOC to have a meeting with both parties, please fill out this form and return it to: Saginaw County Friend of the Court 111 S. Michigan Ave., Saginaw, MI 48602 or by email [foc@saginawcounty.com](mailto:foc@saginawcounty.com). **Both parties must sign this document and both parties must provide a copy of your driver's license, along with the signed agreement.**

Case Name \_\_\_\_\_ v \_\_\_\_\_ Case # \_\_\_\_\_

Plaintiff's Name \_\_\_\_\_ Defendant's Name \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Daytime Phone \_\_\_\_\_ Daytime Phone \_\_\_\_\_

Email: \_\_\_\_\_ Email: \_\_\_\_\_

**REASON FOR JOINT MEETING:**

You are requesting a joint meeting regarding parenting time enforcement issues. Please state below what you wish to discuss at the joint meeting.

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**File both this form and the Domestic Violence Screening Form at the Friend of the Court office. You must present a copy of your driver's license at the time of filing.**

If you have questions about the joint meeting process, please email [FOC@saginawcounty.com](mailto:FOC@saginawcounty.com) Please note that all meetings are currently held virtually.

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\*\*\*Continue on Next Page\*\*\*

**If there has been a history of domestic violence, no contact orders, or PPOs, you do not have to continue with the joint meeting. If you wish to proceed with the joint meeting, please sign the consent below.**

I, \_\_\_\_\_(name), am providing the Friend of the Court my written consent that I am willing to participate in the Friend of the Court joint meeting.

Dated: \_\_\_\_\_

Signature

**SAGINAW COUNTY FRIEND OF THE COURT DOMESTIC  
VIOLENCE SCREENING QUESTIONNAIRE**

Please complete this form and return it to the Friend of the Court Office located at 111 South Michigan Ave, Saginaw, MI 48602, one week prior to your scheduled meeting. You may mail, fax, email or drop off the questionnaire to the FOC Office. The Domestic Violence Questionnaire is **REQUIRED**. Failing to provide the Domestic Violence Questionnaire to the Friend of the Court Office may result in your joint meeting being rescheduled or delayed.

Name: \_\_\_\_\_

Case Number: \_\_\_\_\_

1. Is there currently or has there ever been an order limiting contact between the two of you, for example, a Personal Protection Order or a No Contact Order?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. If so, has there ever been a violation of the order, whether or not the violation was ever reported?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. Is there an open abuse or neglect case involving your children? If so, please tell me about it.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4. Do you have any concerns about the safety of the children? If so, please describe.

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5. When you and the opposing party disagree, fight, and/or are angry with each other, what happens?

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6. Do you ever feel afraid of the opposing party? What are you afraid of? Tell me more about the time you felt most afraid. Do you think that the opposing party has ever felt afraid of you? What do you think he/she may be afraid of?

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7. Has the opposing party ever caused you to feel threatened or harassed by following you, interfering with your work or education, making repeated phone calls to you, using sock media, or sending unwanted letters, emails, text messages, faxes, or gifts? Can you tell me more about it?

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8. Has there ever been physical confrontations between you and the opposing party?  
If yes, can you explain what happened?

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9. Are you afraid that the opposing party will harm you during the joint meeting or after you leave because of what you said during the joint meeting? If so, please disclose.

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10. Do you think you will be able to speak up for yourself in mediation?

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**CONSENT FORM**

A joint meeting has been scheduled in this matter. In the event there is a history of domestic violence, no contact orders, or PPO's, a joint meeting cannot be held without the written consent from any victim. By signing below, you are giving Friend of the Court written consent to participate in the joint meeting, knowing that protocols will be put in place to protect your safety before, during and after the joint meeting.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

Date: \_\_\_\_\_

Case Number: \_\_\_\_\_

Parties' Names: \_\_\_\_\_