

**WASHTENAW COUNTY FOC PARENTING TIME DENIAL COMPLAINT**

The Friend of the Court (FOC) will only enforce parenting time as stated in your court order. Agreements between the parents will not be enforced by the FOC. **You must submit your complaint to the FOC within 56 days of the alleged denied parenting time.** This complaint will be provided to the other parent who will be given the opportunity to respond. The FOC will then advise you of its decision and what enforcement action will be provided. Allegations of abuse/neglect of your children will not be investigated by the FOC and you are advised to contact Children’s Protective Services (CPS) at (855) 444-3911.

**CASE NUMBER:** \_\_\_\_\_  
**CASE NAME:** \_\_\_\_\_ V \_\_\_\_\_

Your Name: \_\_\_\_\_ Other Parent’s Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Address: \_\_\_\_\_  
City, State & Zip: \_\_\_\_\_ City, State & Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Phone: \_\_\_\_\_  
Email: \_\_\_\_\_ Email: \_\_\_\_\_

**Children’s Names and Dates of Birth:** \_\_\_\_\_

**YOU MUST COMPLETE THE FOLLOWING IN ITS ENTIRETY OR NO ACTION WILL BE TAKEN ON YOUR COMPLAINT**

1. ACCORDING TO MY ORDER, I WAS TO HAVE PARENTING TIME WITH MY CHILDREN:

FROM DATE \_\_\_\_\_ at time: \_\_\_\_\_ am/pm UNTIL DATE \_\_\_\_\_ at time: \_\_\_\_\_ am/pm  
Month Day Year Month Day Year  
{Example: **January 1, 2016** at time: **8:00 am** UNTIL DATE **January 3, 2016** at time: **8:00 pm**}

2. DATE OF MOST RECENT PARENTING TIME ORDER: \_\_\_\_\_

3. I WAS DENIED MY PARENTING TIME BECAUSE: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. WHERE AND WHEN DID YOU GO TO PICK UP THE CHILDREN FOR YOUR PARENTING TIME?  
Location: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

5. WERE YOU OFFERED MAKE UP PARENTING TIME BY THE OTHER PARENT? Yes \_\_\_\_\_ No \_\_\_\_\_  
a. If YES, please explain: \_\_\_\_\_  
b. If NO, why not? \_\_\_\_\_

6. HOW DO YOU THINK THE COMPLAINT COULD BE RESOLVED?  
( ) Joint meeting with the other party and FOC worker.  
( ) Formal mediation with the other party and FOC mediator.  
( ) Make-up parenting time consisting of: \_\_\_\_\_

7. WHAT DO YOU WANT THE FOC TO DO WITH THIS COMPLAINT?  
( ) Please read my complaint and make it a part of my FOC file.  
( ) Please review my complaint, make it a part of my FOC file, and take action to resolve it.

**THE INFORMATION ON THIS FORM IS TRUE TO THE BEST OF MY INFORMATION AND BELIEF.**

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