

**STATE OF MICHIGAN
27TH JUDICIAL CIRCUIT
NEWAYGO COUNTY**

PARENTING TIME ABATEMENT

**DOCKET ID:
IV-D CASE ID:**

Friend of the Court Address
1092 Newell Street, PO Box 805, White Cloud, Michigan 49349

Court Telephone No.
(231) 689-7260

<u>Plaintiff's name and address</u>	<input type="checkbox"/> Custodial Parent <input type="checkbox"/> Non-Custodial Parent

v

<u>Defendant's name and address</u>	<input type="checkbox"/> Custodial Parent <input type="checkbox"/> Non-Custodial Parent

Parenting Time Credit: To be eligible for a credit all of the following must be met.

1. The child (ren) must be with the non-custodial parent for six (6) consecutive overnights or more, unless otherwise stated in an Order.
2. Child Support Credit Applications must be submitted within 30 days from the end of the parenting time period.

All credit will be given as directed by Court Order dated _____ %

Child (ren)'s Name(s): _____

Starting Date: _____ Date Returned: _____

Starting Date: _____ Date Returned: _____

For a total of _____ consecutive overnights.

I UNDERSTAND THAT ANY FALSE INFORMATION SUBMITTED MAY RESULT IN DENIAL OF AUTOMATIC PROCESSING OF THIS AND ANY FUTURE CREDITS AND/OR A SHOW CAUSE HEARING BEFORE THE COURT.

I declare that the information above is true to the best of my information, knowledge, and belief.

Date

Signature of Non-Custodial Parent

The enclosed Parenting Time Abatement has been processed to the above child support account based on the information submitted by the non-custodial parent. Custodial parents that do not agree with the dates submitted must address the issue in writing to the Friend of the Court office. This may result in a hearing before the court to resolve the matter.



FRIEND OF THE COURT USE ONLY

Date received: _____ Completed By: _____ Total overnights: _____ Total credit: _____

Credit to account: _____ Return to payer: _____ Date copies mailed to parties: _____

Comments: _____