

**PLEASE CLEARLY PRINT THE ADDRESS OF ALL PARTIES BELOW
IF YOUR ADDRESS IS *CONFIDENTIAL* DO NOT PUT YOUR ADDRESS ON THIS FORM**

Plaintiff Name and Address:

Third Party Name and Address:

V

Defendant Name and Address:

A copy of the parenting time order that you are stating has been violated must be attached to your completed complaint to be properly processed. You may obtain copies of orders from the Newaygo County Clerk’s office.

1. Complaining party: _____

2. Have you attached a copy of the parenting time order/s allegedly violated? Yes No

What provision/s of the order do you feel were violated? _____

Please underline with a pen the provision/s of the order/s you feel were violated by the other party throughout the entire order/s.

Please turn this form over to write a detailed description of the alleged parenting time violation/s.

3. Parenting time complaints may only be filed within **56 days** of the alleged parenting time violation.

Please provide a specific date that the alleged parenting time violation/s occurred: _____

4. I think this complaint could be resolved by:

Formal Mediation (if both parties agree to participate)

Make up Parenting Time consisting of: _____

Other: _____

I declare that the information provided on this form is true to the best of my information, knowledge and belief.

Complainant’s Signature

Date

Phone number (if not confidential)

Please provide a detailed account of the alleged parenting time violation/s including times, dates, etc. Also, please explain any attachments that you may have included in addition to your attached order.