

**MACOMB COUNTY FRIEND OF THE COURT**  
**RESPONSE TO PARENTING TIME COMPLAINT**

Enclosed please find a copy of a parenting time complaint regarding your case. Please respond to the complaint on this form and return within twenty-one (21) days. If you fail to respond, the Friend of the Court will take action without your input or information.

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

Date \_\_\_\_\_

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

Other Parent's Name \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_  
(City, State Zip) **Is this address new?** [YES] [NO]

\_\_\_\_\_  
(City, Stat, Zip) **Is this address new?** [YES] [NO]

Home Phone \_\_\_\_\_

Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Child's Name \_\_\_\_\_

Birthdate \_\_\_\_\_

Child's Name \_\_\_\_\_

Birthdate \_\_\_\_\_

Child's Name \_\_\_\_\_

Birthdate \_\_\_\_\_

I am responding to the Friend of the Court letter dated: \_\_\_\_\_

Did your child(ren) attend parenting time on the date listed on the complaint? [ ] Yes [ ] No

What is your response to the complaint? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How have you and the other parent attempted to resolve this complaint (If resolved, when did make-up parenting time take place)?

\_\_\_\_\_

\_\_\_\_\_

Has make up time been offered: [ ] Yes [ ] No

Has make up time been exercised: [ ] Yes [ ] No

What action are you requesting from the Friend of the Court?

[ ] I agree to make-up parenting time as requested.

[ ] I do not agree to the make-up parenting time as requested.

[ ] The other parent and I have resolved this complaint, parenting time has resumed, and no other action is necessary.

\_\_\_\_\_  
**(Signature)**

\_\_\_\_\_  
**(Date)**