RESPONSE TO CUSTODY/PARENTING TIME COMPLAINT

TWENTY-SIXTH JUDICIAL CIRCUIT FRIEND OF THE COURT

Alpena County Office
719 W. Chisholm St., Suite 1
Alpena, MI 49707

Montmorency County Office
P.O. Box 479
Atlanta, MI 49709

Case No. : _____

PLAINTIFF: _____ DEFENDANT: _____

Address: _____ Address: _____

_____ _____

Phone: (   ) _____ Phone: (   ) _____

Important Notice

You must respond within twenty-one (21) days to the custody/parenting time complaint. Failure to respond in writing to the Friend of the Court within twenty-one (21) days after this Notice was sent shall be considered as an agreement that parenting time was wrongfully denied and that the makeup parenting time policy established by the Court will be applied. The response must be received by the Friend of the Court within the above time frame. It may be necessary to bring this matter before the Court. If the Court determines you are in contempt it could impose penalties against you.

Based upon the Complaint, the office of the Friend of the Court has determined that the makeup parenting tine policy is in effect. Yes_____   Will be determined based upon response_____

I, _____ . DID NOT deny custody/parenting time as stated in the Complaint for the

reasons (attach additional sheets if necessary): _____

_____

_____

_____

_____

_____

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

I, _____ . DENIED custody/parenting time as stated in the Complaint for the

reasons (attach additional sheets if necessary): _____

_____

_____

_____

_____

_____

_____

> **This Form MUST be completed in full and signed by the complaining party in front of a Notary Public otherwise it will be returned to you.**

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

Date: _____   Signature:_____

STATE OF MICHIGAN)
)SS.
COUNTY OF ALPENA)

Subscribed and sworn to before me on this _____ day of _____, 200___.

_____
.Notary Public