

**OTSEGO COUNTY FRIEND OF THE COURT  
PARENTING TIME VIOLATION COMPLAINT**

**This office can only process complaints which violate the written order of the court. In order to assist you the following information is required:**

- 1. Complaint must be received within 56 days of the date of violation.**
- 2. You must include the specific date of violation or the date you became aware of the violation.**

**It is helpful to include the date of the order and which provision you believe has been violated.**

**A copy of your complaint (page 2) will be provided to the other party when this complaint is processed.**

Today's Date: \_\_\_\_\_

Case No. \_\_\_\_\_

**Please Print Clearly**

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

Current Address: \_\_\_\_\_

City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

Home Telephone: \_\_\_\_\_

Daytime and/or Cell Number: \_\_\_\_\_

Driver's Lic. & State: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

**OTSEGO COUNTY FRIEND OF THE COURT  
PARENTING TIME VIOLATION COMPLAINT**

**Complaint Against:** \_\_\_\_\_

Address: \_\_\_\_\_

City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Daytime/Cell Number: \_\_\_\_\_

**Please give the specific complaint regarding denial of your court ordered parenting time:**

Denied weekend? Yes \_\_\_ No \_\_\_ If Yes, give dates: \_\_\_\_\_

Denied Holiday/Summer parenting time? Yes \_\_\_ No \_\_\_ If Yes, give dates: \_\_\_\_\_

Child picked up/returned late? Yes \_\_\_ No \_\_\_ If Yes, give dates: \_\_\_\_\_

**Please reference the date of the order and provision which you believe has been violated:** \_\_\_\_\_

**Give brief explanation of any court order violations and names of children involved:**

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**Date:** \_\_\_\_\_

**Complainant's Signature:** \_\_\_\_\_