

STATE OF MICHIGAN
37TH JUDICIAL CIRCUIT
CALHOUN COUNTY

PARENTING-TIME
CREDIT REQUEST

CASE NO.

Friend of the Court, 161 East Michigan Avenue, Battle Creek, MI 49014-4066

(269) 969-6500

PAYER: _____

PAYEE: _____ (PLEASE TYPE OR PRINT CLEARLY)

Please credit my account for parenting-time pursuant to the terms of the order as follows:
(List each period of parenting-time with each child separately.)

MINOR CHILD'S NAME AS STATED IN THE ORDER	DATE CHILD WAS PICKED UP FOR PARENTING-TIME (month/day/year)	DATE CHILD WAS RETURNED (month/day/year)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

REMARKS:

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

Date

Signature

Address:

NOTE: Please follow this format for all future parenting-time credit requests. (Additional forms are available at the Friend of the Court Office.)