

Jackson County Friend of the Court
1697 Lansing Avenue
Jackson, Michigan 49202
Phone: (517) 788-4470 / Fax: (517) 788-4683

Parenting Time Abatement Affidavit

Date: _____ Court Order Number: _____

I, _____ had my child/ren for parenting time as follows:
(Your Name)

Child/rens Name	From: (date you picked child/ren up)	To: (date you returned child/ren)
1.		
2.		
3.		
4.		
5.		

Special Note: Please be advised that a request for a parenting time abatement shall not be granted if the request exceeds six months from the date parenting time was exercised.

Your Signature

Other Parties Name: _____

General Information Concerning Yourself:

Your Name: _____

Address: _____

City _____ State _____ Zip _____

Telephone Number _____ (home) _____ (work)