



Cass County Friend of the Court

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“Cass County is an equal opportunity provider and employer”

REQUEST FOR PARENTING TIME CREDIT

YOUR NAME _____ CASE # _____

NAME OF OTHER PARTY _____

YOUR SOCIAL SECURITY NUMBER _____

ADDRESS _____

YOUR PHONE NUMBER: _____

VISITING CHILD(REN)'S NAMES AND DATES OF BIRTH:

DATES OF VISITATION YOU ARE REQUESTING PARENTING TIME CREDIT FOR:

____/____/____ TO ____/____/____
____/____/____ TO ____/____/____

ADDITIONAL INFORMATION: _____

Your Signature

Date

DO NOT WRITE BELOW THIS LINE—FOC USE ONLY

Received by FOC on: _____

Completed by: _____ Completed on: _____