

**Shared Parenting Program Visitation Denial Form**

Cause No. \_\_\_\_\_

NCP's Name: \_\_\_\_\_

CP's Name: \_\_\_\_\_

YOUR NAME (VISITING PARENT)

OTHER PARENT (HOME PARENT)

<b>Date:</b>	Month: _____ Day: _____ Year: _____
<b>Day: (check one)</b>	<input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday
<b>Time:</b>	_____:_____ <input type="checkbox"/> AM <input type="checkbox"/> PM
<b>Place: (mom's house, McDonalds, etc.....)</b>	
<b>Address:</b>	Street Address: : _____ City: _____ Zip Code: _____
<b>Witnesses:</b>	
<b>What Happened:</b>	
<b>Date:</b>	Month: _____ Day: _____ Year: _____
<b>Day: (check one)</b>	<input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday
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<b>Address:</b>	Street Address: : _____ City: _____ Zip Code: _____
<b>Witnesses:</b>	
<b>What Happened:</b>	

By my signature below I acknowledge all of my responses are true and correct to the best of my knowledge:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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