

Commonwealth of Massachusetts

The Trial Court

Division Essex

Probate and Family Court Department

Docket No. \_\_\_\_\_

COMPLAINT FOR DIVORCE

Jane Doe, Plaintiff v. John Doe, Defendant

1. Plaintiff, who resides at 123 Ocean St Lynn Essex (Street Address) (City/Town) (County)

MA 01902 was lawfully married to the defendant who now resides at (state your spouses address (State) (Zip) (Street Address) or write "whereabouts unknown" if address is unknown) (City/Town) (County) (State) (Zip)

2. The parties were married at Lynn, MA on April 3, 1998 (Date)

and last lived together at Lynn, MA on January 22, 2010 (Date)

3. The minor or dependent child(ren) of this marriage is/are:

Jane Doe 2/17/01 (name of child and date of birth) (name of child and date of birth)

James Doe 8/12/04 (name of child and date of birth) (name of child and date of birth)

4. Plaintiff certifies that no previous action for divorce, annulment or affirmation of marriage, separate support, desertion, living apart for justifiable cause, or custody of child(ren) has been brought by either party against the other except:

None.

5. On or about January 22, 2010, the defendant parties suffered an irretrievable breakdown of their marriage which continues to exist. (Date)

6. Wherefore, plaintiff requests that the Court:

[x] grant a divorce for irretrievable breakdown of the marriage

[x] grant [x] plaintiff [ ] defendant custody of the above-named child(ren)

[ ] prohibit defendant from imposing any restraint on plaintiff's personal liberty

[x] order a suitable amount for support of [x] plaintiff and/or [x] above-named child(ren) with suitable provision for health insurance.

[ ] order conveyance of the real estate located at \_\_\_\_\_ standing in the name of \_\_\_\_\_ as recorded with the \_\_\_\_\_

Registry of Deeds, Book \_\_\_\_\_ Page \_\_\_\_\_

[x] allow plaintiff to resume former name of Jane Mary Smith

[x] grant any other relief as this court may deem just and proper.

Date 9/21/10

Jane Doe, pro se (Signature of attorney or plaintiff, if pro se)

Jane Doe (Print name)

123 Ocean St. (Street address)

Lynn MA 01902 (City/Town) (State) (Zip)

Tel. No. +1 (781) 599-1234

B.B.O. # \_\_\_\_\_ C. G. F

<b>COMPLAINT TO ESTABLISH PATERNITY</b>	Docket No.	<b>Commonwealth of Massachusetts The Trial Court Probate and Family Court</b>
Jane Doe, Plaintiff		<b>Essex</b> Division
V.		36 Federal Street
John Doe, Defendant		Salem, MA 01970
		(978) 744-1020

1. Plaintiff, who resides at 37 Friend Street Lynn  
(Address Line) (Apt, Unit, No. etc.) (City/Town)  
MA 01902, is  
(State) (Zip)  
 the  mother  father of a child born out of wedlock.  
 a child born out of wedlock.  
 the  guardian  custodian of a child born out of wedlock.  
 the  parent  personal representative of the  mother  father of a child born out of wedlock.  
 Plaintiff is:  
 Department of Children and Families  an agency licensed under G.L. c. 28A  Department of Revenue
2. The child who is the subject of this complaint is:  
Jimmy Doe Date of Birth 6/10/05  
First Name M.I. Last Name  
 resides at 37 Friend St. Lynn MA 01902  
(Address Line) (Apt, Unit, No. etc.) (City/Town) (State) (Zip)
3. Defendant, who resides at 200 Noplace St. 21A Salem  
(Address Line) (Apt, Unit, No. etc.) (City/Town)  
MA 01970, is the  mother  father of the above-named child who was born out of wedlock.  
(State) (Zip)
4. The plaintiff and defendant are not married.
5. The mother of the child was not married at the time of the child's birth and was not married within three hundred days before the birth of the child.
6. Wherefore, the plaintiff requests that the Court:  
 adjudicate the  plaintiff  defendant to be the father of the child.  
 order a suitable amount of support for the child.  
 order the  plaintiff  defendant to  maintain  provide health insurance for the benefit of the child.  
 prohibit the defendant from imposing any restraint on the personal liberty of the  plaintiff and/or  the child.  
 grant the  plaintiff  defendant custody of the child.  
 grant the  plaintiff  defendant parenting time with the child.

Date 12/21/10

Jane Doe  
Signature of Attorney or Plaintiff, if pro se

Jane Doe, Pro Se

Print name

37 Friend St

(Address Line)

(Apt, Unit, No. etc.)

Lynn

(City/Town)

MA

(State)

01902

(Zip)

Primary Phone #: (781) 599-1234

BBO

Commonwealth of Massachusetts

The Trial Court

Division Essex

Probate and Family Court Department

Docket No. \_\_\_\_\_

COMPLAINT FOR SEPARATE SUPPORT

Jane Doe, Plaintiff V. John Doe, Defendant

1. Plaintiff, who resides at 123 Ocean St. Lynn MA 01902 is the spouse of the defendant, who resides at 200 South St Salem MA 01970

2. The parties were married at Lynn MA on April 5, 1998 and last lived together at Salem, MA (Essex County) on August 20, 2008

3. The minor or dependent child(ren) of this marriage is/are: Jessica Doe 3/12/00 James Doe 6/18/04

4. Plaintiff alleges: Defendant is not providing suitable support, without justifiable cause. He/she has been deserted by the defendant. He/she is actually living apart from defendant for justifiable cause. Please explain: (Explain here why you are living apart. Conduct that gives justifiable cause for living apart may include: cruel and abusive treatment, desertion, adultery, confirmed habits of intoxication, gross nonsupport, etc.)

He/she has justifiable cause for living apart. Please explain: (Check this box if you are currently living together but have justifiable cause (see above) for living apart and explain your spouse's conduct which would justify a separation)

5. Wherefore, plaintiff requests that the Court: establish that such living apart from the defendant is for justifiable cause. prohibit defendant from imposing any restraint on plaintiff's personal liberty. grant plaintiff custody of the above-named child(ren). order a suitable amount for support of plaintiff and/or above-named child(ren) with suitable provision for health insurance. order conveyance of the real estate located at \_\_\_\_\_ standing in the name of \_\_\_\_\_ as recorded with the \_\_\_\_\_ Registry of Deeds, Book \_\_\_\_\_ Page \_\_\_\_\_

grant any other relief as this Court deems just and proper.

Date December 21, 2010

Jane Doe, Pro Se (Signature of attorney or plaintiff, if pro se) Jane Doe (Print name) 123 Ocean St (Street address) Lynn MA 01902 (City/Town) (State) (Zip)

Tel. No. +1 (781) 559-1234

Commonwealth of Massachusetts

The Trial Court

Division Essex

Probate and Family Court Department

Docket No. \_\_\_\_\_

COMPLAINT FOR  CIVIL  CRIMINAL CONTEMPT

Your Name, Plaintiff v. Person who didn't follow Court order, Defendant

1. Plaintiff resides at Your Address (Street address) (City/Town) (County) (State) (Zip)

2. Defendant resides at Defendant's Address (Street address) (City/Town) (County) (State) (Zip)

3. By  judgment  order of the Court, dated Date of Court Judgment/ Order defendant was ordered

to pay  alimony and/or  support for minor or dependent child(ren) in the sum of \$ \_\_\_\_\_  weekly  monthly

to grant visitation rights with \_\_\_\_\_

not to impose any restraint on the personal liberty of plaintiff

to pay health insurance premiums for  plaintiff and/or  child(ren)

to pay reasonable medical and dental expenses for  plaintiff and/or  child(ren)

\_\_\_\_\_

and said  judgment  order is still in force.

4. Defendant has not obeyed that  judgment  order and

is in arrears of court-ordered support payments.

there now remains due and unpaid to plaintiff the sum of \$ \_\_\_\_\_ plus such further amounts as may accrue to the date of hearing.

plaintiff has been denied parenting time on \_\_\_\_\_

has violated the order on \_\_\_\_\_ by \_\_\_\_\_

5. Wherefore, plaintiff requests that defendant be required to appear before this Court to show cause why defendant should not be adjudged in contempt of Court and for such other relief as the Court deems just.

Date Date you signed the complaint

Sign Your Name  
(Signature of attorney or plaintiff, if pro se)

Print Your Name, Pro Se  
(Print name)

Your Address  
(Street address)

(City/Town) (State) (Zip)

Tel. No. Your Telephone Number

B.B.O. # \_\_\_\_\_

Commonwealth of Massachusetts  
The Trial Court  
Probate and Family Court Department  
**COMPLAINT FOR MODIFICATION**

Division Essex

Docket No. \_\_\_\_\_

                    Your Name                    , Plaintiff      v.                          Opposing Party's Name                    , Defendant

1. Plaintiff resides at                     Your Address, Include County                      
(Street Address) (City/Town) (County)

                    ; defendant resides at                     Defendant's Address, include county                      
(State) (zip) (Street address)  
                      
(City/Town) (County) (State) (zip)

2. This Court, on                     Date of Judgment, year                     entered a judgment ordering that  
(date)  
~~(State here the specific changes that have occurred which require a modification of the Court order that you now seek to change).~~

3. Since that date,  
 there is now a difference between the amount of the existing child support order and the amount that would result from application of the Child Support Guidelines issued by the Chief Justice for Administration and Management.  
 the following change(s) in circumstance have occurred: (state here other specific changes that have occurred which require a modification of the Court order)

4. Wherefore, plaintiff requests that the Court order the judgment of                     (Type of Case i.e. Divorce, Paternity, etc.)                      
be modified by                     (state here the specific change or changes you want the Court to order based on the change in circumstances)                      
                      
                      
                      
                      
                      
                    

Date                     Date you signed the complaint                    

                    Sign Your Name                      
(Signature of attorney or plaintiff, if pro se)  
                    Your Name, Pro Se                      
(Print name)  
                    Your Address                      
(street address)  
                      
(city/ town) (state) (zip)

Tel. No.                     Your Phone Number                    

B.B.O. #

Commonwealth of Massachusetts

The Trial Court

Division Essex

Probate and Family Court Department

Docket No. \_\_\_\_\_

COMPLAINT FOR SUPPORT-CUSTODY-VISITATION  
PURSUANT TO G.L. c. 209 C

John Doe, Plaintiff v. Jane Smith, Defendant

1. Plaintiff, who resides at 200 South St Salem Essex  
(Street address) (City/Town) (County)  
MA 01970, is  
(State) (Zip)

- the  mother  father of a child born out of wedlock.
- a child born out of wedlock.
- the  guardian  custodian of a child born out of wedlock.
- the  parent  personal representative of the  mother  father of a child born out of wedlock.
- the  Department of Social Services  agency licensed under G.L. c. 28A
- the Department of Revenue

2. The child who is the subject of this complaint is:  
Name Jessica Smith Doe Date of Birth May 5, 2007  
who resides at 125 Main St #2 Lynn Essex MA 01902  
(Street address) (City/Town) (County) (State) (Zip)

3. Defendant, who resides at 125 Main St #2 Lynn Essex  
(Street address) (City/Town) (County)  
MA 01902 is the  mother  father of the above-named child who was born out of wedlock.  
(State) (Zip)

- 4. The plaintiff and defendant are not married.
- 5. The mother of the child was not married at the time of the child's birth and was not married within three hundred days before the birth of the child.
- 6. The  plaintiff  defendant  signed a voluntary acknowledgement of paternity  was adjudicated the father on \_\_\_\_\_, a copy of which is attached to this complaint.  
(date)

- 7. Wherefore, plaintiff requests that the Court:
  - order a suitable amount of support for the child.
  - order the  plaintiff  defendant to  maintain  provide health insurance for the benefit of the child.
  - prohibit the defendant from imposing any restraint on the personal liberty of the  plaintiff and/or  the child.
  - grant the  plaintiff  defendant custody of the child.
  - grant the  plaintiff  defendant visitation rights with the child.
  - any other relief as this court may deem appropriate.

Date September 21, 2010

*John Doe*  
(Signature of attorney or plaintiff, if pro se)  
John Doe, Pro Se  
(Print name)  
200 South Street  
(Street address)  
Salem MA 01970  
(City/Town) (State) (Zip)

Tel. No. +1 (978) 744-1234

B.B.O. # \_\_\_\_\_

Commonwealth of Massachusetts

The Trial Court

Probate and Family Court Department

Docket No. \_\_\_\_\_

Essex

Division

Complaint by Parent for Custody of Minor Children

Jane Doe, Plaintiff

v.

John Doe, Defendant

- 1. Plaintiff, Jane Doe who resides at 123 Ocean St. (Street and No.) Lynn Essex MA 01902 is the spouse of defendant, John Doe who resides at 200 South St. (Street and No.) Salem Essex MA 01970 The parties were married at Lynn, MA on 6/1/2000 (City or Town, State) (Date of Marriage)

2. Plaintiff and defendant are actually living apart from each other.

3. Children been born to the parties as set forth below:

Table with 3 columns: Name, Date of birth, Current Residence. Rows include Jessica Doe and James Doe.

4. Plaintiff further represents that the happiness and welfare of said minor children require that Plaintiff should have custody and possession of children.

5. WHEREFORE, Plaintiff makes demand that this Honorable Court make such order as it deems necessary and appropriate concerning the care, custody, education and maintenance of said minor children and order that children remain with Plaintiff.

Dated: September 21, 2010

Respectfully submitted. Jane Doe, Pro Se 123 Ocean St. Lynn, MA 01902



Commonwealth of Massachusetts

The Trial Court

Division Essex

Probate and Family Court Department

Docket No. \_\_\_\_\_

COMPLAINT FOR SUPPORT  
PURSUANT TO G.L. c. 209 §32F

Jane Doe \_\_\_\_\_, Plaintiff V. John Doe \_\_\_\_\_, Defendant

1. Plaintiff resides at \_\_\_\_\_  
37 Friend St \_\_\_\_\_ Lynn \_\_\_\_\_  
(Street Address) (City/Town)  
\_\_\_\_\_ Essex \_\_\_\_\_ MA \_\_\_\_\_ 01902  
(County) (State) (Zip)

Defendant resides at \_\_\_\_\_  
200 Noplace St \_\_\_\_\_ Salem \_\_\_\_\_  
(Street Address) (City/Town)  
\_\_\_\_\_ Essex \_\_\_\_\_ MA \_\_\_\_\_ 01970  
(County) (State) (Zip)

2. The parties were married at Lynn on March 3, 2002  
and last lived together at 123 Ocean St. Lynn, MA 01902

3. The minor or dependent child(ren) of this marriage is/are:  
\_\_\_\_\_ Jimmy Doe 6/10/2005 \_\_\_\_\_  
(name of child and date of birth) (name of child and date of birth)  
\_\_\_\_\_ Jessica Doe 4/20/2007 \_\_\_\_\_  
(name of child and date of birth) (name of child and date of birth)  
\_\_\_\_\_ \_\_\_\_\_  
(name of child and date of birth) (name of child and date of birth)

4. Plaintiff and the above named child(ren) are not being provided suitable support by the defendant.

5. Wherefore, the plaintiff requests the Court:

- order a suitable amount for the support of  plaintiff and/or  minor or dependent child(ren).
- order the defendant to provide health insurance benefits for  plaintiff and/or  minor or dependent child(ren).
- Any other relief that this Court may deem appropriate.

Date 12/21/09

Jane Doe, Pro Se  
(Signature of attorney or plaintiff, if pro se)  
Jane Doe  
(Print name)  
37 Friend St.  
(Street address)

\_\_\_\_\_ Lynn \_\_\_\_\_ MA \_\_\_\_\_ 01902  
(City/Town) (State) (Zip)

Tel. No. +1 (781) 599-1234

B.B.O. # \_\_\_\_\_

Commonwealth of Massachusetts

The Trial Court

Docket No. \_\_\_\_\_

Division Essex

Probate and Family Court Department

PETITION FOR GRANDPARENT(S) VISITATION

James Smith and

Margaret Smith

Petitioner(s)-Please Print

V.

Jane Doe and

Jason Smith

Respondent(s)-Please Print

1. Petitioner(s) who reside(s) at \_\_\_\_\_ 456 East Road \_\_\_\_\_  
(Street Address)  
Salem \_\_\_\_\_ Essex \_\_\_\_\_ MA \_\_\_\_\_ 01970  
(City/Town) (County) (State) (Zip)

is (are) the  maternal grandmother  paternal grandmother  maternal grandfather  paternal grandfather of said child(ren).

2.  The Respondent, \_\_\_\_\_ Jane Doe \_\_\_\_\_  
(name of respondent mother)  
who reside(s) at \_\_\_\_\_ 123 Main St. Apt. #2 \_\_\_\_\_  
(Street Address)  
Lynn \_\_\_\_\_ Essex \_\_\_\_\_ MA \_\_\_\_\_ 01902  
(City/Town) (County) (State) (Zip)

and the respondent, \_\_\_\_\_ Jason Smith \_\_\_\_\_  
(name of respondent father)  
who reside(s) at \_\_\_\_\_ 789 School Street. Apt. #3 \_\_\_\_\_  
(Street Address)  
Lynn \_\_\_\_\_ Essex \_\_\_\_\_ MA \_\_\_\_\_ 01902  
(City/Town) (County) (State) (Zip)

are the parents of said child(ren). The parents do not live together.

The Respondent, (e.g., the Department of Social Services, legal guardian, etc.)

is responsible for the care-and custody-of the child(ren).

3. Petitioner(s) in this action seek(s) to obtain visitation rights with his/her/their grandchild(ren) namely:  
\_\_\_\_\_ Jessica Doe \_\_\_\_\_ 2/17/02 \_\_\_\_\_  
(name of child) (date of birth)  
\_\_\_\_\_ John Doe \_\_\_\_\_ 8/21/05 \_\_\_\_\_  
(name of child) (date of birth)  
\_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_  
(name of child) (date of birth)  
\_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_  
(name of child) (date of birth)

who is (are) unmarried minor(s) who reside(s) at \_\_\_\_\_ 123 Main St Apt #2 \_\_\_\_\_  
(Street Address)  
Lynn \_\_\_\_\_ Essex \_\_\_\_\_ MA \_\_\_\_\_ 01902  
(City/Town) (County) (State) (Zip)

Commonwealth of Massachusetts

The Trial Court

Division Essex

Probate and Family Court Department

Docket No. \_\_\_\_\_

PETITION FOR GRANDPARENT(S) VISITATION

4. Please check and complete ONLY ONE of the following sections.

- a.  On April 14, 2008, the respondents were divorced by judgment of the Court. The judgment did not provide for visitation rights for the above named grandparent(s).
- b.  On \_\_\_\_\_, the respondent father was adjudicated by order/judgment to be the father of the child(ren). The adjudicated father and the mother of the child(ren) do not reside together. The order/judgment did not provide for visitation rights for the above named grandparent(s).
- c.  On \_\_\_\_\_, the respondents signed an acknowledgment of parentage which was approved by order/judgment of the court. The parents of the child(ren) do not reside together. The order/judgment did not provide for visitation rights for the above named grandparent(s).
- d.  The respondents are married but living apart and are subject to a temporary order or judgment of separate living. The order/judgment did not provide for visitation rights for the above named grandparent(s).
- e.  On \_\_\_\_\_ (date of death), \_\_\_\_\_ (name of deceased parent) died leaving \_\_\_\_\_ (name of surviving parent) as the surviving parent.
- f.  On \_\_\_\_\_ (date of death), \_\_\_\_\_ (name of deceased parent(1)) died and on \_\_\_\_\_ (date of death), \_\_\_\_\_ (name of deceased parent(2)) died. The child(ren) is/are currently \_\_\_\_\_ (explain legal status of child(ren)'s care)
- g.  Petitioner(s) is/are the maternal grandparent(s) of the above-named child(ren) whose parents were not wed at the time of his/her/their birth.

5. The child(ren) has/have not been adopted by a person other than a stepparent.

- 6.  The petitioner(s) allege(s) that there exists a significant relationship between the grandparent(s) and the child(ren) and that it is in the best interest of the minor child(ren) that petitioner(s) be granted visitation with the child(ren).
- The petitioner(s) allege(s) that there does **not** exist a significant relationship between the grandparent(s) and the child(ren) but that nonetheless it is in the best interest of the minor child(ren) that petitioner(s) be granted visitation with the child(ren).

Please attach an affidavit describing the nature of the involvement and relationship between the grandparent(s) and the grandchild(ren); the circumstances surrounding either the curtailment or termination of contact; a description of current level of contact, if any; and a statement describing the significant harm to the child(ren)'s health, safety, or welfare likely to be suffered by the child(ren) if visitation is not ordered.

WHEREFORE, petitioner(s) request(s) that this Court enter a judgment that provides him/her/them with visitation rights.

SIGNED UNDER THE PENALTIES OF PERJURY.

Date September 21, 2009

Signature (Petitioner 1)

James Smith

Tel. No.

+1 (978) 744-1234

Signature (Petitioner 2)

Margaret Smith

Tel. No.

+1 (978) 744-1234

Commonwealth of Massachusetts

The Trial Court

Docket No. \_\_\_\_\_

Division Essex

Probate and Family Court Department

COMPLAINT FOR ANNULMENT

Jane S. Doe, Plaintiff V. John M. Doe, Defendant

1. Plaintiff in this action seeks to annul the alleged marriage between the plaintiff and the defendant.

Plaintiff resides at 123 Ocean St Lynn Essex MA 01902

2. Defendant resides at 200 Main St Salem Essex MA 01970

3. Please check and complete ONLY ONE of the following sections.

- On the parties went through a marriage ceremony
On August 10, 1997 the parties went through a marriage ceremony
On the parties went through a marriage ceremony

4. The parties last lived together in Lynn MA

5. The plaintiff now doubts the validity of the marriage for the following reason(s):

- The plaintiff entered into the marriage in good faith, but at the time of the marriage, plaintiff was induced to enter into the marriage through fraud...
The marriage is void by reason of incest, consanguinity, affinity, or polygamy pursuant to G.L. c. 207 §§ 1,2,3,4.
Other: (Some other situations which may justify an Annulment include mental incapacity; bigamy or polygamy; sham ceremony...)

Commonwealth of Massachusetts

The Trial Court

Division Essex

Probate and Family Court Department

Docket No. \_\_\_\_\_

COMPLAINT FOR ANNULMENT

Jane S. Doe, Plaintiff v. John M. Doe, Defendant

6. The minor or dependent child(ren) of this alleged marriage is/are:

Jessica L. Doe 9/12/09 (name of child and date of birth) \_\_\_\_\_ (name of child and date of birth)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. Plaintiff certifies that no previous action for divorce, annulling or affirming marriage, separate support, desertion, living apart for justifiable cause or custody of the child(ren) has been brought by either party against the other except:

\_\_\_\_\_  
(case name, court, and docket number)

8. Wherefore, plaintiff requests that the Court

- declare that the alleged marriage between the parties be adjudged null and void.
- grant the  plaintiff  defendant custody of the child(ren).
- grant the  plaintiff  defendant parenting rights with the child(ren).
- order a suitable amount of support for the child(ren).
- order the  plaintiff  defendant to  maintain  provide health insurance for the benefit of the child(ren).

Date January 23, 2010

Jane S. Doe, Pro Se  
(Signature of attorney or plaintiff, if pro se)

Jane S. Doe  
(Print name)

123 Ocean Ave  
(Street address)

Lynn MA 01902  
(City/Town) (State) (Zip)

Tel. No. +1 (781) 599-1234

B.B.O. # \_\_\_\_\_

COMMONWEALTH OF MASSACHUSETTS  
The Trial Court  
Probate and Family Court Department

Essex \_\_\_\_\_ Division

Docket No: \_\_\_\_\_

Estate of \_\_\_\_\_

In the matter of Doe v. Doe

\_\_\_\_\_

\_\_\_\_\_

TO THE REGISTER

Please enter my pro se appearance for Jane Doe, Plaintiff, in the divorce action of Doe v. Doe.

\_\_\_\_\_

\_\_\_\_\_

Jane Doe  
(Print Name)

Jane Doe, Pro Se  
(Signature of Attorney or Pro-Se party)

123 Ocean St.  
(Street Address)

Lynn, MA 01902  
(City or Town) (State) (Zip Code)

Tel. No. (781)-599-1234

B.B.O. # \_\_\_\_\_

Filed \_\_\_\_\_ 20 \_\_\_\_\_

(Please type or print)

COMMONWEALTH OF MASSACHUSETTS  
TRIAL COURT

**AFFIDAVIT OF INDIGENCY**

AND REQUEST FOR WAIVER, SUBSTITUTION,  
OR STATE PAYMENT OF FEES & COSTS

(Note: If you are **currently confined in a prison or jail** and are not seeking immediate release under G.L. c. 248 §1, but you are suing correctional staff and wish to request court payment of "normal" fees (for initial filing and service), **do not use this form**. Obtain separate forms from the clerk.)

Essex Court Doe v. Doe Case Name and Number (if known)  
Name of applicant: Jane Doe  
Address: 123 Ocean St. Lynn, MA 01902  
(Street and number) (City or town) (State and Zip)

**SECTION 1:**

Under the provisions of General Laws, Chapter 261, Sections 27A-27G, I swear (or affirm) as follows:  
**I AM INDIGENT** in that (check only one):

- (A) I receive public assistance under Transitional Aid to Families with Dependent Children (TAFDC); Emergency Aid to Elderly, Disabled or Children (EAEDC); Supplemental Security Income (SSI); Medicaid (MassHealth); or Massachusetts Veterans Benefits Programs (circle form of public assistance received); **or**
- (B) My income, less taxes deducted from my pay, is \$\_\_\_\_\_ per week/month/year (circle period that applies), for a household of \_\_\_\_\_ persons, consisting of myself and \_\_\_\_\_ dependents, which income is at or below the court system's poverty level.  
(Note: The court system's poverty levels for households of various sizes must be posted in this courthouse. If you cannot find it, ask the clerk. The court system's poverty level is updated each year.) [List any other available household income for the circled period on this line: \_\_\_\_\_] **or**
- (C) I am unable to pay the fees and costs of this proceeding, or I am unable to do so without depriving myself or my dependents of the necessities of life, including food, shelter and clothing.  
**IF YOU CHECKED (C), YOU MUST ALSO COMPLETE THE SUPPLEMENT TO THE AFFIDAVIT OF INDIGENCY.**

## SECTION 2:

(Note: In completing this form, please be as specific as possible as to fees and costs known at the time of filing this request. A supplementary request may be filed at a later time, if necessary.)

I request that the following **NORMAL FEES AND COSTS** be waived (not charged) by the court, or paid by the state, or that the court order that a document, service or object be substituted at no cost (or at a lower cost, paid for by the state): (Check all that apply and, in any "\$ \_\_\_\_" blank, indicate your best guess as to the cost, if known.)

- Filing fee and any surcharge. \$ \_\_\_\_\_
- Filing fee and any surcharge for appeal. \$ \_\_\_\_\_
- Fees or costs for serving court summons, witness subpoenas or other court papers. \$ \_\_\_\_\_
- Other fees or costs of \$ \_\_\_\_\_ for (specify):  
\_\_\_\_\_
- Substitution (specify):  
\_\_\_\_\_

## SECTION 3:

I request that the following **EXTRA FEES AND COSTS** either be waived (not charged), substituted, or paid for by the state:

- Cost, \$ \_\_\_\_\_, of expert services for testing, examination, testimony or other assistance (specify):  
\_\_\_\_\_
- Cost, \$ \_\_\_\_\_, of taking and/or transcribing a deposition of (specify name of person):  
\_\_\_\_\_
- Cassette copies of tape recording of trial or other proceeding, needed to prepare appeal for applicant **not** represented by Committee for Public Counsel Services (CPCS-public defender)
- Appeal bond
- Cost, \$ \_\_\_\_\_, of preparing written transcript of trial or other proceeding
- Other fees and costs, \$ \_\_\_\_\_, for (specify):  
\_\_\_\_\_
- Substitution (specify):  
\_\_\_\_\_

Date signed

Signed under the penalties of perjury

X Jane Doe

By order of the Supreme Judicial Court, all information in this affidavit is **CONFIDENTIAL**. Except by special order of a court, it shall not be disclosed to anyone other than authorized court personnel, the applicant, applicant's counsel, or anyone authorized in writing by the applicant.

This form prescribed by the Chief Justice of the SJC pursuant to G.L. c. 261, §27B. Promulgated March 5, 2003.



Jane Doe  
123 Ocean St,  
Lynn, MA 01902  
SSN: 034-00-1122  
Tel: (781)-599-1234

Date: 9/21/2010

Attn: Litigation  
DOR/CSE  
Northern Region  
Shetland Park  
35 Congress St., Suite 351  
Salem, MA 01970

Re: Doe v. Doe  
Docket Number: 10D0000DVI

Dear Sir or Madam,

This letter is to inform you that I have filed a complaint for divorce in Essex Family and Probate Court. I am currently receiving TAFDC and I am the custodial parent of the minor children of this marriage listed below:

Janet Doe   DOB 2/17/2001  
James Doe   DOB 8/12/2004

My husband's name and social security number are as follows:

James Doe   SSN: 024-56-2134

Sincerely,

  
Jane Doe

Commonwealth of Massachusetts  
The Trial Court  
Probate and Family Court Department

\_\_\_\_\_ Division Docket No: \_\_\_\_\_

Case Name: \_\_\_\_\_

Public Assistance Affidavit

1. I, \_\_\_\_\_ petitioner/plaintiff, hereby declare that I have made inquiry and, to the best of my knowledge, information and belief all of the information on this form is true, accurate and complete.

2. The name(s) and address(es) of the child(ren) who is/are the subject of this complaint or petition:

Name (s)	Address
_____	_____
_____	_____
_____	_____
_____	_____

3a. I am receiving public assistance.  Yes  No

b. I have received public assistance in the past.  Yes  No

If the response is yes to either 3a or 3b, please specify the type of public assistance received:

- Department of Transitional Assistance (Public Welfare)
- Department of Social Services
- Department of Medical Assistance (Medicaid)
- Other (Please Specify) \_\_\_\_\_

4a. The child(ren) listed is/are receiving public assistance.  Yes  No

b. The child(ren) listed has/have received public assistance in the past.  Yes  No

If the response is yes to either 4a or 4b, please specify the type of public assistance received:

- Department of Transitional Assistance (Public Welfare)
- Department of Social Services
- Department of Medical Assistance (Medicaid)
- Other (Please Specify) \_\_\_\_\_

This affidavit must be personally signed by the petitioner/plaintiff listed in Section 1. If the petitioner/plaintiff is under the age of 18 years and is represented by an attorney, the attorney must also sign this affidavit. A revised affidavit must be filed with the Court if new information is discovered subsequent to this filing.

Signed this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_

Attorney: \_\_\_\_\_ Printed Name: \_\_\_\_\_

Commonwealth of Massachusetts

The Trial Court

Division Essex Probate and Family Court Department

Docket No. \_\_\_\_\_

MOTION FOR

Jane Doe  
Plaintiff/Petitioner

Reduction of Cost of Parenting Class

V.

John Doe  
Defendant/Respondent

Now comes Jane Doe,  Plaintiff  Defendant  Petitioner  Respondent,  
(name of moving party)

in this action who requests:

To waive fees and costs for a parent education program and permit plaintiff to register at a reduced rate of \$5.00.  
As grounds for this request, plaintiff states that she is indigent according to the law, as supported by her sworn Affidavit of Indigency which accompanies this request.  
Wherefore, plaintiff requests a parenting class fee reduction.

Date September 21, 2009

Jane Doe  
(Signature of attorney or plaintiff, if pro se)

Jane Doe, Pro Se  
(Print name)

123 Ocean St.  
(Street address)

Lynn MA 01902  
(City/Town) (State) (Zip)

Tel. No. +1 (781) 599-1234

B.B.O. # \_\_\_\_\_

NOTICE OF HEARING  
This motion will be heard at the Probate and Family Court  
In \_\_\_\_\_ (city)  
on \_\_\_\_\_ (month/day/year)  
at \_\_\_\_\_ (time of hearing)

The within motion is hereby  ALLOWED  DENIED  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Date \_\_\_\_\_ JUSTICE OF PROBATE AND FAMILY COURT

Commonwealth of Massachusetts  
The Trial Court  
Probate and Family Court Department

Docket No. \_\_\_\_\_

Division Essex

**MOTION FOR**

\_\_\_\_\_

Dated: \_\_\_\_\_

**CERTIFICATE OF SERVICE**

I hereby certify that I have delivered a copy of this motion to:

\_\_\_\_\_ (name of party or attorney of record)

\_\_\_\_\_ (Street address) \_\_\_\_\_ (City/Town) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip)

By  delivery in hand \_\_\_\_\_ at \_\_\_\_\_  AM  PM  
(date of delivery) (time)

mailing (postage paid on) \_\_\_\_\_  
(date of mailing)

\_\_\_\_\_ (signature)

*You may leave this part of the form blank.  
You are not required to serve your spouse with a  
copy of the Motion for Reduction of Cost of Parenting Class.*

Commonwealth of Massachusetts  
The Trial Court  
Probate and Family Court Department

Docket No. \_\_\_\_\_

Division Essex

Jane Doe

Plaintiff/Petitioner

V.

John Doe

Defendant/Respondent

**AFFIDAVIT IN SUPPORT OF  
Motion to Reduce Cost of  
Parenting Class**

In support of Motion to Reduce Cost of Parenting Class Plaintiff states as follows:  
(plaintiff/defendant)

1) I do not have the financial means to pay the full cost of the parenting class.

2) I am indigent according to the law in that (state here which form of public assistance you receive, if any, and/or state your income and number of family members in your household.

Signed under the pains and penalties of perjury.

Date September 21, 2009

\_\_\_\_\_  
(Signature of attorney or plaintiff, if pro se)

COMMONWEALTH OF MASSACHUSETTS  
THE TRIAL COURT  
PROBATE AND FAMILY COURT

Docket No: \_\_\_\_\_

Essex \_\_\_\_\_ Division

Jane Doe \_\_\_\_\_, Plaintiff

vs.

John Doe \_\_\_\_\_, Defendant

Plaintiff's

PROPOSED ORDER

Upon the Motion for Reduction of Cost of Parenting Class

dated: September 21, 2009 and filed with this court on September 21 20 09

**After hearing and pending further order or judgment of this Court, IT IS ORDERED THAT**  
(Describe in detail the relief order you seek.)

- 1) \_\_\_\_\_ shall have \_\_\_\_\_ custody of:  
\_\_\_\_\_  
the minor child/ren of the parties, \_\_\_\_\_ shall have physical custody of said child/ren.
- 2) \_\_\_\_\_ shall have the following visitation rights:  
\_\_\_\_\_  
\_\_\_\_\_
- 3) \_\_\_\_\_ shall pay, as child support, the sum of \$ \_\_\_\_\_ each and every  
\_\_\_\_\_ hereafter, beginning \_\_\_\_\_ 20 \_\_\_\_\_ to the  
\_\_\_\_\_ by \_\_\_\_\_
- 4) \_\_\_\_\_ shall obtain \_\_\_\_\_ insurance coverage  
for said child/ren and for the \_\_\_\_\_
- 5) \_\_\_\_\_ shall pay to the \_\_\_\_\_ % of the uninsured  
medical, dental, hospital and optical expenses of the child/ren.
- 6) Other - Please specify Plaintiff shall be permitted to register for the Parent Education Program at a  
reduced rate of \$5.00

**TEMPORARY ORDER**

The Court hereby adopts this proposed order, he parties shall comply with the terms and provisions thereof.

\_\_\_\_\_  
Date Justice of the Probate Court

Jane Doe  
(Signature)

Jane Doe pro se  
(Print Name)

123 Ocean St.  
(Street Address)

Lynn, MA 01902  
(City or Town) (State) (Zip Code)

Tel. No. (781) 599-1234

<b>AFFIDAVIT DISCLOSING CARE OR CUSTODY PROCEEDING</b> Pursuant to Trial Court Rule IV	<b>TRIAL COURT OF MASSACHUSETTS</b> Name of Case <u>Doe v. Doe</u>	<b>DOCKET NUMBER</b>
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BMC Division _____	District Court Division _____	Juvenile Court Division _____	Prob & Family Court <u>Essex</u> Division _____	Superior Court Division _____
-----------------------	----------------------------------	----------------------------------	---	----------------------------------

**Section 1** I, Jane Doe hereby declare, to the best of my knowledge, information, and belief that all information on this form is true and complete:

**Section 2** The name(s) of the child(ren) whose care or custody is at issue in this case are:  
 A. Doe, Janet (LAST, FIRST) B. Doe James (LAST, FIRST) C. \_\_\_\_\_ (LAST, FIRST)  
 Use only the letter appearing in front of the child's name above when referring to the child in completing the remaining sections.

**Section 3** The party filing this affidavit may request certain addresses to be kept confidential if the address is a shelter for battered persons and their dependent child(ren), or the party filing this affidavit believes that he/she or the child(ren) are in danger of physical or emotional abuse, or the party is filing an action under G.L. c. 209A. If you believe that this provision applies to you, check the box at right, complete sections 10 and 11 on the reverse side of this page and DO NOT complete sections 4 and 5 below.

**Section 4** The address(es) of the above-name child(ren) whose care and custody is at issues in this case is/are:  
 Address(es) Address\  
 CHILD A 123 Ocean St. Lynn, MA 01902  
 CHILD B 123 Ocean St. Lynn, MA 01902  
 CHILD C \_\_\_\_\_

**Section 5** My address is: 123 Ocean St Lynn, MA 01902

**Section 6** I  have  have not participated in and I  know  do not know of other care or custody proceedings involving the above-names child(ren) in Massachusetts or in any state or country.

Certified copies of any pleadings or determinations in a care or custody proceeding outside of Massachusetts listed in sections 7 and 8 must be filed with this affidavit unless already filed with this court or an extension for filing these documents has been granted by this court.

**Section 7** The following is a list of all pending or concluded proceedings I have participated in or know of involving the care or custody of the above named child(dren):

Letter of Child	Court	Docket no.	Status	[W]itness [P]arty [O]ther [N]one
CHILD _____	_____	_____	_____	[ ]
CHILD _____	_____	_____	_____	[ ]
CHILD _____	_____	_____	_____	[ ]

**Section 8** The names and addresses of parties to care or custody proceedings involving any of the above-named child(ren) or those claiming a legal right to these child(ren) during the last two years (not including myself) are:

Letter of Child	Name of Party/Claimant	Current (or last known) Address of Party/Claimant
CHILD _____	_____	_____
CHILD _____	_____	_____
CHILD _____	_____	_____

**Section 9** If the box at the right is checked, this affidavit discloses the adoption of one or more of the above-named child(ren) and I am requesting the court to impound this affidavit. See instructions.

This affidavit must be personally signed by the party listed in section 1 above, unless he/she is under 18 years of age or has been adjudged incompetent in which case the attorney of record must sign. A revised affidavit must be filed with the court if new information is discovered subsequent to this filing.

Signed this 21 day of September, 2010 under the penalties of perjury.  
 X Jane Doe SIGNATURE OF PARTY OR ATTORNEY OF RECORD FOR JUVENILE/INCOMPETENT  
Jane Doe PRINTED NAME OF PERSON SIGNING  
 \_\_\_\_\_ ADDRESS OF ATTORNEY OR RECORD FOR JUVENILE/INCOMPETENT

**THE PARTY FILING THIS AFFIDAVIT MUST FURNISH A COPY OF IT TO ALL OTHER PARTIES TO THIS ACTION.**

**ADDRESSES TO BE KEPT CONFIDENTIAL**

A  
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The party filing this affidavit may request certain address(es) to be kept confidential if the address is a shelter for battered persons and their dependent child(ren), or the party filing this affidavit believes that he/she or the child(ren) are in danger of physical or emotional abuse, or the party is filing an action under G.L. c. 209A. If you checked the box in section 3 indicating that you believe the above provision applies to you, complete sections 10 and 11 below, and DO NOT complete sections 4 and 5.

The address(es) of the child(ren) listed in section 2 whose care or custody is at issue in this case are:

	Child(ren)	Address(es)	Address(es) During Last 2 Years, If Different
Section 10	Child A.	_____	_____
		Street Address	Street Address
	Child B.	_____	_____
		City, State, Zip Code	City, State, Zip Code
	Child C.	_____	_____
		Street Address	Street Address
		City, State, Zip Code	City, State, Zip Code

Section 11 My address is: \_\_\_\_\_  
Street Address, City, State, Zip Code

**LIST OF ATTORNEYS AND GUARDIANS AD LITEM/INVESTIGATORS**

Please list the names of all attorneys and guardians ad litem involved in the pending proceedings listed in section 7.

- Section 12
1.  \_\_\_\_\_  
Attorney(s) for child(ren). (Please specify if each child is represented by a different attorney.)
  - \_\_\_\_\_
  - \_\_\_\_\_
  2.  \_\_\_\_\_  
GAL(s) / Investigator(s) (Please indicate if a GAL has been appointed to represent a specific child.)
  - \_\_\_\_\_
  - \_\_\_\_\_
  3.  \_\_\_\_\_  
Attorney(s) for mother.
  - \_\_\_\_\_
  4.  \_\_\_\_\_  
Attorney(s) for father

(Fill Out Below If Applicable)

I, \_\_\_\_\_ attorney for D.S.S. or its agent have ascertained from the above checked off attorney(s) and guardian(s) ad litem/investigators a willingness to accept an appointment from the court to represent the same party should the court elect to make such an appointment.



## READ BEFORE COMPLETING AFFIDAVIT

### A. WHAT IS AN "AFFIDAVIT DISCLOSING CARE OR CUSTODY PROCEEDING"?

It is a document signed under the penalties of perjury which lists information required by Trial Court Rule IV concerning children involved in a care or custody proceeding.

### B. WHO MUST FILE THIS AFFIDAVIT?

The party to a petition (including a modification petition) or complaint involving the care, custody, visitation, or change of name of a child pursuant to G.L. c. 119 (except delinquency actions under G.L. c. 201, G.L. c. 207, G.L. c. 208, G.L. c. 209, G.L. c. 209A, G.L. c. 209C, G.L. c. 210, or any other provision of law concerning the care or custody of a child must file this affidavit.

This affidavit **must be signed by the party** unless the party is under 18 years of age or has been adjudged incompetent in which case the attorney or record must sign this affidavit on behalf of the juvenile or incompetent party.

### C. WHEN MUST THIS AFFIDAVIT BE FILED?

The person filing the petition or complaint must file this affidavit at the time of filing and the other party must file this affidavit with the first pleading.

This affidavit should be filed upon issuance of a CHINS petition pursuant to G.L. c. 119, not upon application for such a petition.

This affidavit need not be filed if the petition or complaint is for **support only**.

### D. WHERE MUST THIS AFFIDAVIT BE FILED?

The completed affidavit must be filed, in person or by mail, with the Clerk-Magistrate or Register of Probate in the court in which this action is being brought.

### E. WHEN MUST A REVISED AFFIDAVIT BE FILED?

A revised affidavit must be filed with the Clerk-Magistrate or Register of Probate if new information is discovered subsequent to the filing of this affidavit.

### F. WHAT MUST BE FILED AS PART OF THIS AFFIDAVIT?

Certified copies of each pleading and of any determination entered in a foreign county or in a state other than Massachusetts must be filed with this affidavit unless these documents are on file with the court in this case, or an extension has been granted by the court for filing these documents.

### INSTRUCTIONS FOR COMPLETING AFFIDAVIT

When completing this affidavit if additional space is needed for any of the sections, attach a separate sheet which includes your name (printed), the docket number and the sections to which you are referring. You must also sign and date the sheet.

The party filing this affidavit must complete the section entitled "Name of Case" and indicate the Court Department and Division in which the case is being brought. The docket number should be also be listed, if known.

### DO NOT COMPLETE SECTIONS 2, 3, 4, 8 AND 10 IF THIS IS AFFIDAVIT IS BRING FILED WITH A PETITION FOR ADOPTION.

- Section 1 You must print your first and last name. If this affidavit is filed by an attorney on behalf of an incompetent person or a juvenile, the name of the party on which behalf this affidavit is being completed must be listed.
- Section 2 List the names of all child(ren) involved in this care or custody proceeding. All future references to the child(ren) listed in this section should be with the letter in front of the child's name (e.g. If John Smith is listed next to the letter A, all references to John Smith will be as Child A).
- Section 3 Check the box if this section applies to you. If this box is checked, do not complete Sections 4 and 5. You must complete Sections 10 and 11 on the reverse side of page 1.
- Sections 4 & 5 List the present and all prior addresses during the last two years of the above-named child(ren) and your present address. If legal custody of a child has been awarded to a social service agency, list the name and address of the agency with legal custody.
- Section 6 Check the appropriate box.
- Section 7 List all pending or concluded proceedings which you have participated in or know of involving the care or custody of the child(ren) named in this affidavit. Indicate the letter of the child; the court in which the case was heard, the docket number, the person(s) to whom custody was awarded, and the date of the award, and the nature of your participation in the proceeding by listing "W" for witness, "P" for party, "O" for other or "N" for none. If specific information required in this section is not known, you or your attorney should contact the court where the case was heard to obtain such information. **In the case of a petition for adoption, list all information except the person(s) to whom custody was awarded, the date of the award and the nature of your participation. Under the heading "Status of Case", indicate type of case.**
- Section 8 List the name(s) and current residential address(es), if known, otherwise the last known address(es) of parties to care or custody proceedings or persons claiming a legal right to the above named child(ren) during the last two years. Do not include yourself.
- Section 9 Check this box if this affidavit discloses the adoption of a child and you are requesting the court to impound this affidavit. If this provision is applicable, you should contact the Clerk-Magistrate or Register of Probate for assistance concerning the appropriate motion to be filed.
- Section 10 & 11 **COMPLETE ONLY IF YOU CHECKED THE BOX IN SECTION 3.** List the present and all prior addresses during the last two years of the child(ren) listed in Section 2 of this affidavit and your present address. If legal custody of a child has been awarded to a social service agency, list the name and address of the agency with legal custody.
- Section 12 List the attorneys and guardians ad litem/investigators previously appointed in Section 7.
- Signature The party listed in Section 1 must date and sign this affidavit except for an incompetent or juvenile, in which case the attorney of record on behalf of the juvenile or incompetent party must date and sign this affidavit and print his/her name and address. **THIS AFFIDAVIT MUST BE FILED WITH THE COURT AND A COPY FURNISHED BY THE PARTY FILING IT TO ALL OTHER PARTIES TO THE ACTION.**

~~Essex~~ Division

Commonwealth of Massachusetts  
The Trial Court  
Probate and Family Court Department

Docket No. Write your docket number here

*This is a sample form. Follow this sample to fill in the empty lines on your original summons.*

**Divorce/Separate Support Summons**

PLEASE PRINT IN INK OR TYPE ALL INFORMATION

(Write your name here) Jane Jones, Plaintiff

v.

(Write your spouse's name here) John Jones, Defendant

To the above named Defendant:

You are hereby summoned and required to serve upon IF you have an attorney give this form to your attorney. If you are representing yourself, write in your name here

plaintiff's attorney whose address is Write in your address here

a copy of your answer to the complaint for Divorce Separate Support (Circle the type of case you have)  
(type of action)

which is herewith served upon you, within 20 days after service of this summons upon you, exclusive of the day of service. If you fail to do so, the Court will proceed to the hearing and adjudication of this action. You are also required to file your answer to the complaint in the office of the Register of this Court at Boston either before service upon plaintiff's attorney or within a reasonable time thereafter.

Witness Elaine M. Moriarty Esquire, First Justice of said Court  
at Boston this      day of     , 20    

\_\_\_\_\_  
Register of Probate

**AN AUTOMATIC RESTRAINING ORDER HAS BEEN ENTERED AGAINST THE ABOVE NAMED PARTIES WHO ARE PROHIBITED FROM:**

- (1) Selling, transferring, encumbering, concealing, assigning, removing or in any way disposing of any property, real or personal, belonging to or acquired by, either party, except: (a) as required for reasonable expenses of living; (b) in the ordinary and usual course of business; (c) in the ordinary and usual course of investing; (d) for payment of reasonable attorney's fees and costs in connection with the action; (e) by written agreement of both parties; or (f) by Order of the Court.
- (2) Incurring any further debts that would burden the credit of the other party, including but not limited to further borrowing against any credit line secured by the marital residence or unreasonably using credit cards or cash advances against credit or bank cards;
- (3) Changing the beneficiary of any life insurance policy, pension or retirement plan, or pension or retirement investment account, except with the written consent of the other party or by Order of the Court.
- (4) Causing the other party or the minor child(ren) to be removed from coverage under an existing insurance policy, or permitting such coverage to lapse, including medical, dental, life, automobile, and disability insurance. The parties shall maintain all insurance coverage in full force and effect.

**This order is in effect until the earliest of the following: (1) the order is modified or dissolved by the court; (2) the order is modified by a written agreement of the parties with court approval; (3) the entry of a judgment of divorce or separate support; (4) the action is dismissed; or (5) by further order of the court. FAILURE TO COMPLY WITH THIS ORDER MAY BE DEEMED A CONTEMPT OF COURT.**

**Divorce/Separate Support Summons**

**Notes**

1. Refer to Supplemental Probate Court Rule 41 1.

2. After service of the complaint for divorce or separate support, if you wish to modify or dissolve the automatic restraining order, you must file a motion with the court and provide two (2) days notice to the other party or on such shorter notice as the court may prescribe, a party may appear without thereby submitting his person to the jurisdiction of the court, and in that event the court shall proceed to hear and determine such motion as expeditiously as the ends of justice require.

**ACCEPTANCE OF SERVICE**

I, \_\_\_\_\_, the above named Defendant hereby accept service of this summons and understand that judgment may be rendered against me in accordance with the complaint, a copy of which I have received this day.

Date \_\_\_\_\_

\_\_\_\_\_  
Signature of Defendant

***If the Defendant agrees to accept service, They sign here IN FRONT OF A NOTARY PUBLIC***

**NOTARI  
ZATION**

\_\_\_\_ ss

Date \_\_\_\_\_

Then personally appeared the above named \_\_\_\_\_  
who made oath that the foregoing acceptance was his free act and deed.

Signature of Notary Public \_\_\_\_\_

Print Name \_\_\_\_\_

My Commission Expires \_\_\_\_\_

**Proof of Service**

I hereby certify and return that on \_\_\_\_\_, 20\_\_\_\_, I served a copy of the within summons, together with a copy of the complaint in this action upon the within named defendant by

\_\_\_\_\_  
(method of service)

Date \_\_\_\_\_

Signed under the penalties of perjury

Date of Service \_\_\_\_\_

\_\_\_\_\_

***If a sheriff or constable delivers the summons, they will complete this section. If a "disinterested person" delivers the summons, they must complete this section.***

**Commonwealth of Massachusetts  
The Trial Court  
Probate and Family Court Department**

**Supplemental Probate Court Rule 411. Automatic Restraining Order**

**Notice to Plaintiff**

(a) The following automatic restraining order shall apply to both parties to a complaint for divorce or separate support. This automatic restraining order shall be effective with regard to the plaintiff upon the filing of the complaint by the plaintiff or the plaintiff's counsel and with regard to the defendant upon service of the summons and complaint or any other acceptance of service by the defendant.

After service of the complaint for divorce or separate support, on two (2) days' notice to the other party or on such shorter notice as the court may prescribe, a party may appear without thereby submitting his person to the jurisdiction of the court, and move to modify or dissolve the automatic restraining order and in that event the court shall proceed to hear and determine such motion as expeditiously as the ends of justice require.

**This order is in effect until the earliest of the following: (1)the order is modified or dissolved by the court; (2)the order is modified by a written agreement of the parties with court approval; (3)the entry of a judgment of divorce or separate support; (4)the action is dismissed; or (5)by further order of the court. FAILURE TO COMPLY WITH THIS ORDER MAY BE DEEMED A CONTEMPT OF COURT.**

**The following order PROHIBITS either party to a complaint for divorce or separate support from:**

(1) Selling, transferring, encumbering, concealing, assigning, removing or in any way disposing of any property, real or personal, belonging to or acquired by, either party, except: (a) as required for reasonable expenses of living; (b) in the ordinary and usual course of business; (c) in the ordinary and usual course of investing; (d) for payment of reasonable attorney's fees and costs in connection with the action; (e) by written agreement of both parties; or (f) by Order of the Court.

(2) Incurring any further debts that would burden the credit of the other party, including but not limited to further borrowing against any credit line secured by the marital residence or unreasonably using credit cards or cash advances against credit or bank cards;

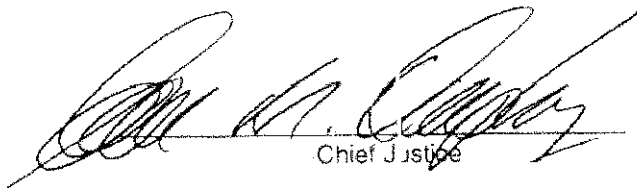
(3) Directly or indirectly changing the beneficiary of any life insurance policy, pension or retirement plan, or pension or retirement investment account, except with the written consent of the other party or by Order of the Court.

(4) Directly or indirectly causing the other party or the minor child(ren) to be removed from coverage under an existing insurance policy or permitting such coverage to lapse, including medical, dental, life, automobile, and disability insurance. The parties shall maintain all insurance coverage in full force and effect.

(b) The provisions contained in the new summons for divorce or separate support must be served on the defendant, except if personal service is not made as provided in Rule 4 and service is made by publication, said notice shall include a statement that an automatic restraining order has

been issued pursuant to this rule. The provisions of this automatic restraining order need not be reprinted in said public notice.

Date Rule Effective: January 1, 2000



Chief Justice

CJ-D 1108 (01/00)

Commonwealth of Massachusetts  
The Trial Court  
Probate and Family Court Department

Docket No. \_\_\_\_\_

Division Essex

Jane Doe  
Plaintiff/Petitioner

V.

John Doe  
Defendant/Respondent

**MOTION FOR  
ALTERNATE SERVICE BY  
PUBLICATION AND MAILING**

Now comes Jane Doe  Plaintiff  Defendant  Petitioner  Respondent.  
(name of moving party)

in this action who moves this Honorable Court to allow alternate service by publication and mailing to last known address: (Spouse's Last Known Address)

Name and address of newspaper for area where defendant last lived:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date September 21, 2009

Jane Doe  
(Signature of attorney or plaintiff, if pro se)

**NOTICE OF HEARING**  
This motion will be heard at the Probate and Family Court

In \_\_\_\_\_  
(city)

On \_\_\_\_\_  
(month/day/year)

At \_\_\_\_\_  
(time of hearing)

Jane Doe Pro Se  
(Print name)

123 Ocean St.  
(Street address)

Lynn, MA 01902  
(City/Town) (State) (Zip)

Tel. No. (781) 599-1234

B.B.O. \_\_\_\_\_

The within motion is hereby  ALLOWED  DENIED

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Date \_\_\_\_\_ JUSTICE OF THE PROBATE AND FAMILY COURT

Commonwealth of Massachusetts  
The Trial Court  
Probate and Family Court Department

Docket No. \_\_\_\_\_

Division Essex

**MOTION FOR  
ALTERNATE SERVICE BY  
PUBLICATION AND MAILING**

Dated: September 21, 2009

**CERTIFICATE OF SERVICE**

I hereby certify that I have delivered a copy of this motion to:

John Doe  
(name of party or attorney of record)

200 Noplace St Lynn, MA 01902  
(Street address) (City/Town) (State) (Zip)

By  delivery in hand \_\_\_\_\_ at \_\_\_\_\_  AM  PM  
(date of delivery) (time)

mailing (postage paid on) September 21, 2009  
(date of mailing)

John Doe  
(signature)

Commonwealth of Massachusetts  
The Trial Court  
Probate and Family Court Department

Docket No. \_\_\_\_\_

Division Essex

Jane Doe

Plaintiff/Petitioner

V.

John Doe

Defendant/Respondent

**AFFIDAVIT IN SUPPORT OF  
MOTION FOR ALTERNATE  
SERVICE**

In support of my motion for alternate service, plaintiff states:

1) I have not had contact with Defendant since (state date of last contact with Defendant).

2) Defendant was formerly of (state Defendant's previous address) and is now (state whether of parts unknown, or is now outside the commonwealth of Massachusetts).

3) (If Defendant's whereabouts are unknown, state here the steps you have taken to attempt to locate Defendant).

Signed under the pains and penalties of perjury.

Date September 21, 2009

Jane Doe, Pro Se  
(Signature of attorney or plaintiff, if pro se)



COMMONWEALTH OF MASSACHUSETTS  
THE TRIAL COURT  
PROBATE AND FAMILY COURT

Docket No: \_\_\_\_\_

Essex \_\_\_\_\_ Division

Jane Doe \_\_\_\_\_, Plaintiff

vs.

John Doe \_\_\_\_\_, Defendant

Plaintiff's

PROPOSED ORDER

Upon the Motion for Alternate Service

dated: September 21, 2009 and filed with this court on September 21, 20 09

**After hearing and pending further order or judgment of this Court, IT IS ORDERED THAT**  
(Describe in detail the relief order you seek.)

- 1) \_\_\_\_\_ shall have \_\_\_\_\_ custody of:  
\_\_\_\_\_  
the minor child/ren of the parties, \_\_\_\_\_ shall have physical custody of said child/ren.
- 2) \_\_\_\_\_ shall have the following visitation rights:  
\_\_\_\_\_  
\_\_\_\_\_
- 3) \_\_\_\_\_ shall pay, as child support, the sum of \$ \_\_\_\_\_ each and every  
\_\_\_\_\_ hereafter, beginning \_\_\_\_\_ 20 \_\_\_\_\_ to the  
\_\_\_\_\_ by \_\_\_\_\_
- 4) \_\_\_\_\_ shall obtain \_\_\_\_\_ insurance coverage  
for said child/ren and for the \_\_\_\_\_
- 5) \_\_\_\_\_ shall pay to the \_\_\_\_\_ % of the uninsured  
medical, dental, hospital and optical expenses of the child/ren.
- 6) Other - Please specify Plaintiff's Motion for Alternate Service shall be granted and this Court will issue a  
summons for service on the defendant for publication.

**TEMPORARY ORDER**

The Court hereby adopts this proposed order, he parties shall comply with the terms and provisions thereof.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Justice of the Probate Court

Jane Doe  
(Signature)

Jane Doe, Pro Se  
(Print Name)

123 Ocean St.  
(Street Address)

Lynn, MA 01902  
(City or Town) (State) (Zip Code)

Tel. No. (781) 599-1234

c.g.f.

Commonwealth of Massachusetts

The Trial Court

ESSEX Division

Probate and Family Court Department

Docket No. \_\_\_\_\_

ORDER FOR SERVICE BY PUBLICATION

Jane Doe, Plaintiff

v. John Doe, Defendant

Upon motion of plaintiff for an order directing John Doe the defendant herein, to appear, plead, or answer, in accordance with Mass.R.Civ. P./Mass.R.Dom.Rel.P. Rule 4, it appearing to the Court that this is an action for [X] divorce [ ] separate support.

Pursuant to Supplemental Probate Court Rule 411, an Automatic Restraining Order has been entered against the above named parties, and that the said defendant cannot be found within the Commonwealth and that his/her present whereabouts are unknown; that personal service on said defendant is therefore not practicable, and that said defendant has not voluntarily appeared in this action:

It is Ordered that said defendant is directed to appear, plead, answer, or otherwise move with respect to the complaint herein on or before the 18TH day of DECEMBER, 2009. If you fail to do so this Court will proceed to a hearing and adjudication of this matter.

It is further Ordered that the accompanying summons be published once a week for three consecutive weeks in the THE DAILY ITEM

a newspaper published in 38 EXCHANGE STREET, LYNN, MA. 01901 (include mailing address of newspaper)

the publication to be 90 days at least before said return day. It is further Ordered that a copy of the summons be mailed to the defendant at his/her last known address by registered or certified mail.

Date JULY 24, 2009

[Signature] Justice of Probate and Family Court

RETURN OF SERVICE

I hereby certify under the penalties of perjury that I have complied with the order of notice by:

[ ] mailing — certified — registered — a copy of the summons as ordered and,

[ ] causing the citation to be published in the \_\_\_\_\_

Publication was on \_\_\_\_\_ which was at least \_\_\_\_\_ days/months before said return day.

Date \_\_\_\_\_ Signed \_\_\_\_\_

NOTE: Proof of service must be made in compliance with Mass.R.Civ. P./Mass.R.Dom.Rel.P. Rule 4 and may be made on this form. This form is to be used for actions for divorce or for separate support ONLY.

Commonwealth of Massachusetts

The Trial Court

ESSEX Division

Probate and Family Court Department

Docket No. \_\_\_\_\_

Divorce/Separate Support Summons By Publication

Jane Doe

Plaintiff

John Doe

Defendant

To the above named Defendant:

Jane Doe

A Complaint has been presented to this Court by the Plaintiff,

seeking COMPLAINT FOR DIVORCE:

FOR IRRETRIEVABLE BREAKDOWN, ALLOW PLAINTIFF TO RESUME HER FORMER

NAME Jane Smith, OTHER SUCH OTHER RELIEF AS THIS COURT

MAY DEEM JUST AND PROPER.

An Automatic Restraining Order has been entered in this matter preventing you from taking any action which would negatively impact the current financial status of either party. Please refer to Supplemental Probate Court Rule 411 for more information.

You are required to serve upon

Jane Doe

- plaintiff ~~attorney for plaintiff~~ whose address is

123 Ocean St Lynn, MA 01902

(use court or mailing address if address is impounded)

your answer on or before MARCH 9, 20 09. If you fail to do so, the

court will proceed to the hearing and adjudication of this action. You are also required to file a copy of your answer

in the office of the Register of this Court at Salem

Witness, \_\_\_\_\_, Esquire, First Justice of said

Court at Salem, this 20TH, day of NOVEMBER, 20 08.

Danella Casey O'Brien

Register of Probate Court

NOTE: This form is to be used for actions for divorce or for separate support only.

**INSTRUCTIONS FOR SERVICE BY PUBLISHING & REGISTERED MAIL**

- 1) **Send or take A Copy (not original) of the Summons by Publication along with a copy (not original) of The Complaint to the Newspaper\*\*\*\* as soon as possible\*\*\*\*\***

**also\*\*\* AT THE SAME TIME\*\*\***

**Mail a Copy (not the original) of the Order for Publication and a Copy (not the original) of the Complaint to the Defendants LAST KNOWN ADDRESS by Registered Mail, Return receipt requested.**

- 2) **The Notice is to be PUBLISHED ONE TIME in the Newspaper. Proof of date of Publication is needed, so Please return Full PAGE of Newspaper.**
- 3) **After publishing, take the Original Notice and the Full Page of Newspaper with DATE included along with either the GREEN RETURN RECEIPT (with signature) from your mailing OR the RETURNED UNOPENED ENVELOPE WITH THE GREEN RECEIPT CARD ATTACHED. Attach the above to the Original Order For Service by Publication.**
- 4) **COMPLETE the LAST PARAGRAPH OF THE ORIGINAL ORDER FOR SERVICE BY PUBLICATION by stating the following: "Publishing and mailing as Ordered". Then date & sign the form.**
- 5) **RETURN THE ORIGINAL ORDER FOR SERVICE BY PUBLICATION along with its attachments AND the ORIGINAL SUMMONS BY PUBLICATION TO**

**ESSEX PROBATE AND FAMILY COURT**

**36 FEDERAL STREET**

**SALEM, MA. 01970**

**ATTENTION: DIVORCE DEPARTMENT**

- 6) **Also, Please do not file the TRIAL DATE REQUEST FORM UNTIL #3 MONTHS AFTER THE LAST PUBLICATION.**

---

**PLEASE TAKE YOUR PAPERWORK TO THE NEWSPAPER RIGHT AWAY**

**FORM(CJ112)- This is the form that you fill out and give or mail a copy to the Newspaper.**

**FORM(CJD 111)- Keep this form in your possession.**

**After you have completed mailing and publishing you must return BOTH ORIGINAL FORMS to the Court along with the Newspaper clipping and Return Receipt from mailing.**

Jane Doe  
(name)  
123 Ocean St.  
(address)  
Lynn, MA 01902  
DATE: September 21, 2009

LEGAL NOTICE DEPARTMENT

Lynn Daily Evening Item  
38 Exchange St.  
Lynn, MA 01901

RE: Doe v. Doe

To Whom It May Concern:

Enclosed please find a copy of a Domestic Relations Summons by Publication and an Order for Service by Publication in the above referenced case. Please have this published for three consecutive weeks in the Lynn Daily Evening Item

The plaintiff in this action is indigent, and the Court has approved the plaintiff's request that the costs of publication be paid by the Commonwealth. (A copy of the approved Affidavit of Indigency is enclosed.)

I would appreciate being notified of the dates of publication of this notice, and receiving copies. Please contact me at the address above if you have any questions.

Thank you very much.

Sincerely yours,

Jane Doe  
Pro Se

Enclosures: Summons by Publication  
Order for Service By Publication  
Approved Affidavit of Indigency

**Commonwealth of Massachusetts  
The Trial Court  
Probate and Family Court Department**

\_\_\_\_\_ Division

Docket No. \_\_\_\_\_

\_\_\_\_\_  
Plaintiff

vs.

**RESPONSES TO MANDATORY  
DISCOVERY** by  Plaintiff  
 Defendant

\_\_\_\_\_  
Defendant

1. Federal and state income tax returns, W-2's, 1099's, 1098's and schedules for the past three years, including partnership and corporate returns together with any other documents filed with tax returns:

- Copies are attached for the last 3 years  
 I did the following to try to get the documents and I do not have these documents because: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Bank Statements for the last three years for all bank accounts held in your name, in someone else's name for you, in your child's name, including any joint or individual accounts:

- Copies are attached for the last 3 years  
 I did the following to try to get the documents and I do not have these documents because: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Four most recent pay stubs from each employer you have worked for:

- Copies are attached.  
 I did the following to try to get the documents and I do not have these documents because: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Records and documents about the cost and type of any health insurance available to you:

- Copies are attached.  
 I did the following to try to get the documents and I do not have these documents because: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Statements for the past three years for any securities, stocks, bonds, notes or obligations, certificates of deposit, pension plan statements, 401(k) statements, IRA statements for all accounts held by you for yourself, jointly with anybody including your children:

- Copies are attached for the last 3 years  
 I did the following to try to get the documents and I do not have these documents because: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Any loan or mortgage applications made during the last 3 years before the divorce complaint was filed:

- Copies are attached for the last 3 years  
 I did the following to try to get the documents and I do not have these documents because: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. Any financial statements prepared by you in the last three years and any IRA and/or pension plan statements.

- Copies are attached for the last 3 years  
 I did the following to try to get the documents and I do not have these documents because: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
Your name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

---

**CERTIFICATE OF SERVICE**

I certify that on \_\_\_\_\_ I mailed a copy of this Responses to Mandatory Discovery  
Date

upon:

\_\_\_\_\_  
Name of the party, address or name, address of party's attorney, including street, city/town, zip

\_\_\_\_\_  
Signature

COMMONWEALTH OF MASSACHUSETTS  
THE TRIAL COURT  
THE PROBATE AND FAMILY COURT DEPARTMENT

Hampshire Division

Docket No. \_\_\_\_\_

REQUEST FOR TRIAL - PRE-TRIAL ASSIGNMENT

THIS FORM SHOULD NOT BE USED FOR MARK-UP OF TEMPORARY ORDERS AND MOTIONS  
Please print or type,

Please assign  
for hearing:

Jane Doe \_\_\_\_\_ Plaintiff

v.

John Doe \_\_\_\_\_ Defendant

TYPE OF CASE: (Divorce, Paternity, Support, etc) TIME REQUIRED (Give an estimate) HEARING AT (Salem or Lawrence)

Uncontested

Contested

- Merits
- Custody
- Support
- Visitation
- 208, § 34
- Other \_\_\_\_\_

The *following* papers must be on file before cases can be assigned for hearing:

- Summons or Return of Service
- Marriage Certificate
- Statistical Form R408
- Financial Statement (Supp. Rule 401)
- Affidavits of both Parties (1A Divorces)
- Notarized Agreement (1A Divorces)
- PACT certificate (Divorces with Children)
- \_\_\_\_\_

Has Discovery Been Completed  Yes  No

Has This Case Been Pre-Tried  Yes  No

I hereby certify that, in my opinion, this case is ready for trial.

Requested by:

Opposing Counsel

Jane Doe, Pro Se \_\_\_\_\_ Name  
 123 Ocean St. Lynn, MA 01902 \_\_\_\_\_ Address  
 (781) 599-1234 \_\_\_\_\_ Phone No.

John Doe, Pro Se \_\_\_\_\_  
 200 South St. Salem, MA 01970 \_\_\_\_\_  
 (978) 744-5678 \_\_\_\_\_

FOR REGISTER'S USE ONLY  
ACTION

The above-entitled matter has been assigned for

\_\_\_\_\_ (Trial) \_\_\_\_\_ (Pre-Trial Conference)

at \_\_\_\_\_ on \_\_\_\_\_ 20 \_\_\_\_ at \_\_\_\_\_

• Returned without action. Data incomplete. See above.



<p><b>PRE-TRIAL NOTICE AND ORDER Domestic Relations/Equity</b></p>	<p>Docket No.</p>	<p>Commonwealth of Massachusetts The Trial Court Probate and Family Court</p>
<p style="text-align: center;">vs.</p> <p>(On a complaint for <u>Divorce 1B</u> filed <u>November 10, 2008</u> )</p>		
<p>A pre-trial conference will be held on:</p> <p><b>Date:</b> 07/24/2009</p> <p><b>Time:</b> 12:00 PM</p> <p><b>Place:</b> Salem 36 Federal Street Salem, MA 01970</p> <p>Pretrial Conference Domestic and Equity</p>	<p style="text-align: center;">Essex Probate and Family Court (978)744-1020</p>	
<p style="text-align: center;"><b>DO NOT CALL THE TRIAL DEPARTMENT FOR A CONTINUANCE. THIS DATE MAY BE CHANGED ONLY IF A WRITTEN MOTION TO CONTINUE IS ALLOWED BY THE COURT.</b></p>		
<p>IT IS ORDERED THAT:</p> <ol style="list-style-type: none"> <li>1. At least <b>one week</b> before the day of the pre-trial conference, all parties and any lawyers shall meet and shall talk in person about the case.</li> <li>2. If a domestic violence <b>restraining order</b> (G.L. c. 209A) or a domestic violence <b>protective order</b> (G.L. c. 208) has been issued for one party against the other and is still in effect, then you do not have to meet in person. <b>The pre-trial conference will still be held, and you must still be there.</b></li> <li>3. Each lawyer and self-represented (pro se) party shall file a <b>written memorandum</b> with the court <b>three days</b> before the time of the pre-trial conference, and shall give a copy to each other lawyer or self-represented party. (See next page for memorandum contents). Lawyers and parties are encouraged, but not required, to prepare and sign a joint memorandum.</li> <li>4. All trial counsel and all parties shall attend the pre-trial conference. Failure of any counsel or party to appear on time at the pre-trial conference, or failure to comply with any of the provisions of this order, will result in the imposition of such sanctions as the Court may deem appropriate.</li> <li>5. If the case is settled before or at the pre-trial conference, the pre-trial conference time may be used for an uncontested hearing.</li> <li>6. <b>The Court may order the case to immediate trial on the date of the pre-trial conference</b> if the Court determines at the pre-trial conference that (a) the parties will be the only witnesses; or (b) one party, by failure to appear at the pre-trial conference or otherwise, will not present a case; or (c) immediate trial is necessary to accomplish justice. If no parties are present at the pre-trial conference and there is a temporary order in effect, the Court may issue a judgment containing the terms of the temporary order.</li> </ol>		

*The contents of the memorandum are listed on the next page*

**PRE-TRIAL NOTICE AND ORDER  
Domestic Relations/Equity**

Docket No.

Commonwealth of Massachusetts  
The Trial Court  
Probate and Family Court

7. The memorandum shall include:
- A. The date, time, and place that the in-person meeting was held, and who was present at the meeting.
  - B. A comprehensive written stipulation or statement of all facts the parties agree are true.
  - C. A statement of contested issues of fact and law and progress towards agreement, if any.
  - D. A statement that all discovery has been completed. If discovery has not been completed, an explanation of why it was not completed and a list of what remains to be done.
  - E. If child custody is an issue, a statement of reasons why each party should, or should not, have custody.
  - F. A list of all people each party intends to call as witnesses at the trial, including for each person a brief statement identifying the person (for example, "sister of the wife" or "the children's dentist").
  - G. A list of all exhibits which each party intends to offer in evidence at the trial.
  - H. Depositions each party intends to use at trial.
  - I. *(Divorce, property division and original alimony cases and equity cases involving property claims only)*  
A stipulation (written agreement) of the current values and costs of all real estate and personal property in issue. If the parties are unable to agree as to current values, each party shall submit an opinion of fair market value.
  - J. *(Divorce, property division and original alimony cases only)* If there are issues of alimony and/or division of property, a written offer of proof (a written statement) of the evidence each party intends to produce at the trial with respect to each of the factors mentioned in G.L. c. 208, § 34 (a section of the Massachusetts General Laws).
  - K. A realistic estimate of the number of hours or days that will be needed for the trial.
  - L. If there are financial issues in the case, copies of current **Financial Statement**, with all required schedules and attachments, and any other pertinent financial data, shall be attached to the memorandum.
  - M. If child support is an issue, a completed **Child Support Guidelines Worksheet** shall be attached to the memorandum.

Date: June 9, 2009

Hon. John P. Cronin

JUSTICE OF THE PROBATE AND FAMILY COURT

COMMONWEALTH OF MASSACHUSETTS  
THE TRIAL COURT  
THE PROBATE AND FAMILY COURT DEPARTMENT

ESSEX, ss.

Docket No. \_\_\_\_\_

\_\_\_\_\_  
Plaintiff,

PLAINTIFF'S PRE-TRIAL  
MEMORANDUM

v.

\_\_\_\_\_  
Defendant.

**The memorandum shall include:**

- A. The date, time, and place that the in-person meeting was held, and who was present at the meeting.
- B. A comprehensive written stipulation or statement of all facts the parties agree are true.
- C. A statement of contested issues of fact and law and progress towards agreement, if any.
- D. A statement that all discovery has been completed. If discovery has not been completed, an explanation of why it was not completed and a list of what remains to be done.

E. If child custody is an issue, a statement of reasons why each party should, or should not, have custody.

E. A list of all people each party intends to call as witnesses at the trial, including for each person a brief statement identifying the person (for example, "sister of the wife" or "the children's dentist").

F. A list of all exhibits which each party intends to offer in evidence at the trial.

G. Depositions each party intends to use at trial.

H. *(Divorce, property division and original alimony cases and equity cases involving property claims only)* A stipulation (written agreement) of the current values and costs of all real estate and personal property in issue. If the parties are unable to agree as to current values, each party shall submit an opinion of fair market value.

I. *(Divorce, property division and original alimony cases only)* If there are issues of alimony

and/or division of property, a written offer of proof (a written statement) of the evidence each party intends to produce at the trial with respect to each of the factors mentioned in G.L. c. 208, § 34 (a section of the Massachusetts General Laws).

- J. A realistic estimate of the number of hours or days that will be needed for the trial.
- K. If there are financial issues in the case, copies of current **Financial Statement**, with all required schedules and attachments, and any other pertinent financial data, shall be attached to the memorandum.
- L. If child support is an issue, a completed **Child Support Guidelines Worksheet** shall be attached to the memorandum.

No legal fees are expected to be incurred by this party, as I am appearing pro se.

Respectfully submitted,

---

Name:  
Address:  
Telephone:

**Commonwealth of Massachusetts**  
**The Trial Court**  
**Probate and Family Court Department**  
**FINANCIAL STATEMENT**  
**(Short Form)**

Division Essex

Docket No. \_\_\_\_\_

**INSTRUCTIONS:** if your income equals or exceeds \$75,000.00 annually, you must complete the LONG FORM financial statement, unless otherwise ordered by the court.

Jane Doe  
 \_\_\_\_\_  
 Plaintiff/Petitioner

v.

John Doe  
 \_\_\_\_\_  
 Defendant/Petitioner

**1. PERSONAL INFORMATION**

Your Name Jane Doe Social Security No. 011-00-0000  
 Address 37 Friend St Lynn MA 01902  
(Street address) (City/Town) (State) (Zip)  
 Tel. No. +1 (781) 555-0000 Date of Birth 10/5/1980 No. of children living with you 2  
 Occupation Cashier Employer L. Mart, Inc  
 Employer's Address 10 Mart St. Martville, MA 01111  
(Street address) (City/Town) (State) (Zip)  
 Tel. No. +1 (781) 555-0111 Do you have health insurance coverage?  Yes  No  
 if yes, name of health insurance provider HMO Blue

**2. GROSS WEEKLY INCOME/RECEIPTS FROM ALL SOURCES**

a) Base pay from <input checked="" type="checkbox"/> Salary <input type="checkbox"/> Wages	\$ <u>300.00</u>
b) Overtime	\$ <u>50.00</u>
c) Part-time job	\$ <u>0.00</u>
d) Self-employment (attach a completed schedule A)	\$ <u>0.00</u>
e) Tips	\$ <u>0.00</u>
f) <input type="checkbox"/> Commissions <input type="checkbox"/> Bonuses	\$ <u>0.00</u>
g) <input type="checkbox"/> Dividends <input type="checkbox"/> Interest	\$ <u>0.00</u>
h) <input type="checkbox"/> Trusts <input type="checkbox"/> Annuities	\$ <u>0.00</u>
i) <input type="checkbox"/> Pensions <input type="checkbox"/> Retirement funds	\$ <u>0.00</u>
j) Social Security	\$ <u>0.00</u>
k) <input type="checkbox"/> Disability <input type="checkbox"/> Unemployment insurance <input type="checkbox"/> Worker's compensation	\$ <u>0.00</u>
l) Public Assistance (welfare, A.F.D.C. payments)	\$ <u>0.00</u>
m) <input type="checkbox"/> Child Support <input type="checkbox"/> Alimony (actually received)	\$ <u>0.00</u>
n) Rental from income producing property(attach a completed Schedule B)	\$ <u>0.00</u>
o) Royalties and other rights	\$ <u>0.00</u>
p) Contributions from household member(s)	\$ <u>0.00</u>
q) Other (specify)	\$ <u>0.00</u>
_____	\$ <u>0.00</u>
_____	\$ <u>0.00</u>
<b>r) Total Gross Weekly Income/Receipts (add items a-q)</b>	<b>\$ <u>350.00</u></b>

**Commonwealth of Massachusetts**  
**The Trial Court**  
**Probate and Family Court Department**  
**FINANCIAL STATEMENT**  
**(Short Form)**

Division Essex

Docket No. \_\_\_\_\_

**3. ITEMIZED DEDUCTIONS FROM GROSS INCOME**

a) Federal income tax deductions (claiming <u>3</u> exemptions)	\$ <u>52.22</u>
b) State income tax deductions (claiming <u>3</u> exemptions)	\$ <u>40.00</u>
c) F.I.C.A. and Medicare	\$ <u>16.72</u>
d) Medical Insurance	\$ <u>0.00</u>
e) Union Dues	\$ <u>0.00</u>
<b>f) Total Deductions (a through e)</b>	<b>\$ <u>108.94</u></b>

**4. ADJUSTED NET WEEKLY INCOME** 2(r) minus 3(f) \$ 241.06

**5. OTHER DEDUCTIONS FROM SALARY/WAGES**

a) Credit Union <input type="checkbox"/> Loan repayment <input type="checkbox"/> Savings	\$ <u>0.00</u>
b) Savings	\$ <u>0.00</u>
c) Retirement	\$ <u>15.00</u>
d) Other-Specify (i.e. Child Support, Deferred Compensation or 401K) _____	\$ <u>0.00</u>
<b>e) Total Deductions(a through d)</b>	<b>\$ <u>15.00</u></b>

**6. NET WEEKLY INCOME** 4 minus 5(e) \$ 226.06

**7. GROSS YEARLY INCOME FROM PRIOR YEAR** \$ 15,420.72  
 (attach copy of all W-2 and 1099 forms for prior year)

Number of Years you have paid into Social Security 12

**8. WEEKLY EXPENSES**

a) Rent or Mortgage (PIT) <u>\$ 200.00</u>	l) Life Insurance <u>\$ 0.00</u>
b) Homeowners/Tenant Insurance <u>\$ 0.00</u>	m) Medical Insurance <u>\$ 0.00</u>
c) Maintenance and Repair <u>\$ 0.00</u>	n) Uninsured Medicals <u>\$ 5.00</u>
d) Heat <u>\$ 10.00</u>	o) Incidentals and Toiletries <u>\$ 5.00</u>
e) Electricity and/or Gas <u>\$ 5.00</u>	p) Motor Vehicle Expenses <u>\$ 0.00</u>
f) Telephone <u>\$ 5.50</u>	q) Motor Vehicle Payment <u>\$ 0.00</u>
g) Water/Sewer <u>\$ 0.00</u>	r) Child Care <u>\$ 0.00</u>
h) Food <u>\$ 50.00</u>	s) Other (explain)
i) House Supplies <u>\$ 5.00</u>	Subway/Bus Fare <u>\$ 5.00</u>
j) Laundry and Cleaning <u>\$ 5.00</u>	_____ <u>\$ _____</u>
k) Clothing <u>\$ 10.00</u>	
<b>t) Total Weekly Expenses (a through s)</b>	<b>\$ <u>305.50</u></b>

**9. COUNSEL FEES**

a) Retainer amount(s) paid to your attorney(s)	\$ <u>0.00</u>
b) Legal fees incurred, to date, against retainer(s)	\$ <u>0.00</u>
c) Anticipated range of total legal expense to litigate this act <u>66</u>	\$ <u>0.00</u> to \$ <u>0.00</u>

**Commonwealth of Massachusetts**  
**The Trial Court**  
**Probate and Family Court Department**  
**FINANCIAL STATEMENT**  
**(Short Form)**

Division Essex

Docket No. \_\_\_\_\_

**10. ASSETS (attach additional sheet if necessary)**

a) Real Estate

Location None  
 Title held in the name of None  
 Fair Market Value \$ 0.00 - Mortgage \$ 0.00 = Equity \$ 0.00

b) Motor Vehicles

Fair Market Value \$ 0.00 - Motor Vehicle Loan \$ 0.00 = Equity \$ 0.00  
 Fair Market Value \$ 0.00 - Motor Vehicle Loan \$ 0.00 = Equity \$ 0.00

c) IRA, Keogh, Pension, Profit Sharing, Other Retirement Plans:

Financial Institution or Plan Name and Account Number

L. Mart Pension \$ 1,000.00  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ 0.00

d) Tax Deferred Annuity Plan(s)

\$ 0.00

e) Life Insurance: Present Cash Value

f) Savings & Checking Accounts, Money Market Accounts, Certificates of Deposit-which are held individually, jointly, in the name of another person for your benefit, or held by you for the benefit of your minor child(ren):

Financial Institution or Plan Name and Account Number

L. Bank Savings Account #0010 \$ 100.00  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_

g) Other (e.g. stocks, bonds, collections)

Furniture, Household Items, Personal Property \$ 2,000.00  
 \_\_\_\_\_ \$ \_\_\_\_\_

h) Total Assets (a through g)

\$ 3,100.00

**11. LIABILITIES (Do not list expenses shown in item 8 above.)**

	Creditor	Nature of Debt	Date Incurred	Amount Due	Weekly Payment
a)	Visa	Consumer	1/7/2002	\$3,261.00	\$10.00
b)				\$	\$
c)				\$	\$
d)				\$	\$

e) Total Liabilities

67

\$3,261.00

\$10.00



Commonwealth of Massachusetts  
The Trial Court  
Probate and Family Court Department  
FINANCIAL STATEMENT  
(Short Form)

Division Essex

Docket No. \_\_\_\_\_

**CERTIFICATION**

I certify under the penalties of perjury that the information stated on this Financial Statement and the attached schedules, if any, is complete, true, and accurate.

Date September 21, 2009

Signature

Jane Doe, Pro Se

**INSTRUCTIONS:** In any case where an attorney is appearing for a party, said attorney **MUST** complete the Statement by Attorney.

**STATEMENT BY ATTORNEY**

I the undersigned attorney, am admitted to practice law in the Commonwealth of Massachusetts--am admitted pro hoc vice for the purposes of this case-and am an officer of the court. As the attorney for the party on whose behalf this Financial Statement is submitted, I hereby state to the court that I have no knowledge that any of the information contained herein is false.

Date \_\_\_\_\_

\_\_\_\_\_  
(Signature of attorney)

\_\_\_\_\_  
(Print name)

\_\_\_\_\_  
(Street address)

\_\_\_\_\_  
(City/Town) (State) (Zip)

Tel. No. \_\_\_\_\_

B.B.O. # \_\_\_\_\_

Division Essex

Docket No. \_\_\_\_\_

The Commonwealth of Massachusetts  
 Department of Public Health  
 Registry of Vital Records and Statistics

**CERTIFICATE OF ABSOLUTE  
 DIVORCE OR ANNULMENT**

(G.L. Chap. 208, Sec. 46)  
 R-408

HUSBAND	Husband-Name First		Middle	Last	
	1. John		Paul	Doe	
	Usual Residence-Street Address		City, Town, or Location		
	2a. 200 Noplace St.		2b. Salem		
	County	State	Date of Birth (mo., day, yr.)	Number of this Marriage (1st, 2nd, specify)	
	2c. Essex	2d. MA	3. 5/17/75	4. 2 <sup>nd</sup>	
WIFE	Wife-Name First		Middle	Last	Maiden Name
	5a. Jane		Ann	Doe	5b. Smith
	Usual Residence-Street Address		City, Town, or Location		
	6a. 123 Ocean St.		6b. Lynn		
	County	State	Date of Birth (mo., day, yr.)	Number of this Marriage (1st, 2nd, specify)	
	6c. Essex	6d. MA	7. 3/12/76	8. 1 <sup>st</sup>	

Date of this Marriage (mo., day, yr.)	Number of Children Born Alive of this Marriage	Number of Children under Age 18 in this Family
9. 4/3/98	10a. 2	10b. 2

FOR COURT USE ONLY			
County of Judgment		Title of Court	
11.		11a.	
Date of Judgment Nisi (mo., day, yr.)	Type of Judgment - Divorce or Annulment	Date of Judgment Absolute (mo., day, yr.)	
12.	13.	14.	
Docket Number	Name of Plaintiff	Cause for which Granted	
15.	16.	17.	
Signature of Certifying Official		Title of Official	
18a.		18b.	

Commonwealth of Massachusetts  
The Trial Court  
Probate and Family Court Department

Essex Division

Docket No. \_\_\_\_\_

Military Affidavit

Estate of \_\_\_\_\_

late of \_\_\_\_\_  
(street and no.) (city or town)

\_\_\_\_\_ Date of Death \_\_\_\_\_  
(county) (zip)

In the matter of the - petition - complaint of Divorce \_\_\_\_\_

account of irretrievable breakdown of the marriage \_\_\_\_\_

I, Jane Doe \_\_\_\_\_ of 123 Ocean St.  
(street and no.)

Lynn Essex 01902  
(city or town) (county) (zip)

on oath depose and say that none of the - heirs-at-law - parties interested - in said petition - complaint - account - are in the military service of the United States or citizens of the United States in the military service of its allies.

on oath depose and say that \_\_\_\_\_

heirs-at-law - parties interested - in said petition - complaint - account - are in the military service of the United States or citizens of the United States in the military service of its allies.

on oath depose and say that I am unable to determine whether or not \_\_\_\_\_

heirs-at-law - parties interested - in said petition - complaint - account - are in the military service of the United States or citizens of the United States in the military service of its allies.

Signed under the penalties of perjury this 12 \_\_\_\_\_ day of December 20<sup>09</sup>

Signature Jane Doe

Commonwealth of Massachusetts

The Trial Court

Division Essex Probate and Family Court Department

Docket No. \_\_\_\_\_

MOTION FOR

Jane Doe  
Plaintiff/Petitioner

Temporary Custody Order

v.

John Doe  
Defendant/Respondent

Now comes Jane Doe,  Plaintiff  Defendant  Petitioner  Respondent,  
(name of moving party)

in this action who requests:

To issue an order awarding Plaintiff sole physical and joint/sole legal custody of the minor children.  
As grounds for this request, Plaintiff states that she is the mother of the children and that this custody arrangement would be in the best interest of the children.  
Wherefore, Plaintiff requests a custody order.

Date September 21, 2010

Jane Doe  
(Signature of attorney or plaintiff, if pro se)

**NOTICE OF HEARING**

This motion will be heard at the Probate and Family Court

In \_\_\_\_\_  
(city)

on \_\_\_\_\_  
(month/day/year)

at \_\_\_\_\_  
(time of hearing)

Jane Doe, Pro Se  
(Print name)

123 Ocean St.  
(Street address)

Lynn MA 01902  
(City/Town) (State) (Zip)

Tel. No. +1 (781) 599-1234

B.B.O. # \_\_\_\_\_

The within motion is hereby  ALLOWED  DENIED

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date 71 JUSTICE OF PROBATE AND FAMILY COURT

Commonwealth of Massachusetts  
The Trial Court  
Probate and Family Court Department

Docket No. \_\_\_\_\_

Division Essex

**MOTION FOR**

Temporary Custody Order

Dated: September 21, 2010

**CERTIFICATE OF SERVICE**

I hereby certify that I have delivered a copy of this motion to:

John Doe  
(name of party or attorney of record)  
200 Noplace St. Salem MA 01970  
(Street address) (City/Town) (State) (Zip)

By  delivery in hand \_\_\_\_\_ at \_\_\_\_\_  AM  PM  
(date of delivery) (time)  
 mailing (postage paid on) September 21, 2010  
(date of mailing)

Jane Doe  
(signature)

Commonwealth of Massachusetts  
The Trial Court  
Probate and Family Court Department

Division Essex

Docket No. \_\_\_\_\_

Jane Doe  
Plaintiff/Petitioner  
V.

John Doe  
Defendant/Respondent

**AFFIDAVIT IN SUPPORT OF  
Motion for Temporary Order of  
Custody**

In support of Motion for Temporary Order of Custody Plaintiff \_\_\_\_\_ states as follows:  
(plaintiff/defendant)

1) (Explain what type of custody arrangement you would like and why it would be in the best interest of the children.)

2) (State if you have been the primary caretaker of the children and for how long).

3) (Explain the extent of your involvement with your children, including daily activities such as feeding, bathing, dressing, attending school meetings, medical appointments, etc.)

4) (If appropriate, explain why it may not be in the children's best interest for the other parent to have custody.)

Signed under the pains and penalties of perjury.

Date September 21, 2010

Jane Doe Pro Se  
(Signature of attorney or plaintiff, if pro se)

COMMONWEALTH OF MASSACHUSETTS  
THE TRIAL COURT  
PROBATE AND FAMILY COURT

Docket No: \_\_\_\_\_

Essex Division

Jane Doe, Plaintiff

vs.

Plaintiff's  
PROPOSED ORDER

John Doe, Defendant

Upon the Motion for Temporary Order of Custody

dated: September 21, 2010 and filed with this court on September 21, 2010 20 10

After hearing and pending further order or judgment of this Court, IT IS ORDERED THAT  
(Describe in detail the relief order you seek.)

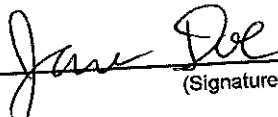
- 1) Plaintiff shall have legal custody of:
  - James and Janet Doe
  - the minor child/ren of the parties, plaintiff shall have physical custody of said child/ren.
- 2) \_\_\_\_\_ shall have the following visitation rights:
  - \_\_\_\_\_
- 3) \_\_\_\_\_ shall pay, as child support, the sum of \$ \_\_\_\_\_ each and every
  - \_\_\_\_\_ hereafter, beginning \_\_\_\_\_ 20 \_\_\_\_\_ to the
  - \_\_\_\_\_ by \_\_\_\_\_
- 4) \_\_\_\_\_ shall obtain \_\_\_\_\_ insurance coverage
  - for said child/ren and for the \_\_\_\_\_
- 5) \_\_\_\_\_ shall pay to the \_\_\_\_\_ % of the uninsured
  - medical, dental, hospital and optical expenses of the child/ren.
- 6) Other - Please specify \_\_\_\_\_

**TEMPORARY ORDER**

The Court hereby adopts this proposed order, the parties shall comply with the terms and provisions thereof.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Justice of the Probate Court

  
(Signature)

Jane Doe, Pro Se  
(Print Name)

123 Ocean St.  
(Street Address)

Lynn MA 01902  
(City or Town) (State) (Zip Code)

Tel. No. (781) 599-1234

Commonwealth of Massachusetts  
The Trial Court

Division Essex

Probate and Family Court Department

Docket No. \_\_\_\_\_

**MOTION FOR**

Jane Doe  
Plaintiff/Petitioner

v.

John Doe  
Defendant/Respondent

Temporary Order of Visitation

Now comes Jane Doe,  Plaintiff  Defendant  Petitioner  Respondent,  
(name of moving party)

in this action who requests:

To issue an order providing for reasonable visitation with the minor children of the marriage.  
As grounds for this request, Plaintiff states that she is the mother of the children and that it is in the best interest of the children to visit regularly with their mother.  
Wherefore, Plaintiff requests reasonable visitation.

Date September 21, 2010

Jane Doe  
(Signature of attorney or plaintiff, if pro se)

Jane Doe, Pro Se  
(Print name)

123 Ocean St.  
(Street address)

Lynn MA 01902  
(City/Town) (State) (Zip)

Tel. No. +1 (781) 599-1234

B.B.O. # \_\_\_\_\_

**NOTICE OF HEARING**  
This motion will be heard at the Probate and Family Court  
In \_\_\_\_\_ (city)  
on \_\_\_\_\_ (month/day/year)  
at \_\_\_\_\_ (time of hearing)

The within motion is hereby  ALLOWED  DENIED

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date

75

JUSTICE OF PROBATE AND FAMILY COURT

C.G.F.



Commonwealth of Massachusetts  
The Trial Court  
Probate and Family Court Department

Division Essex

Docket No. \_\_\_\_\_

**MOTION FOR**

Temporary Order of Visitation

Dated: September 21, 2010

**CERTIFICATE OF SERVICE**

I hereby certify that I have delivered a copy of this motion to:

\_\_\_\_\_  
John Doe  
(name of party or attorney of record)  
\_\_\_\_\_  
200 Noplace St. Salem MA 01970  
(Street address) (City/Town) (State) (Zip)

By  delivery in hand \_\_\_\_\_ at \_\_\_\_\_  AM  PM  
(date of delivery) (time)  
 mailing (postage paid on) September 21, 2010  
(date of mailing)

Jane Doe  
(signature)

Commonwealth of Massachusetts  
The Trial Court  
Probate and Family Court Department

Division Essex

Docket No. \_\_\_\_\_

Jane Doe  
Plaintiff/Petitioner  
V.

John Doe  
Defendant/Respondent

**AFFIDAVIT IN SUPPORT OF  
Motion for Temporary Order of  
Visitation**

In support of Motion for Temporary Order of Visitation Plaintiff \_\_\_\_\_ states as follows:  
(plaintiff/defendant)

1) The children of the marriage are presently residing with the Defendant

2) I would like to have regular visits with my children. (Explain here the type of visitation schedule you would like).

3) (Explain why you need this visitation order and why visitation would be in the best interest of the children.)

4) (You may add any other relevant information here.)

Signed under the pains and penalties of perjury.

Date September 21, 2010

Jane Doe  
(Signature of attorney or plaintiff, if pro se)

COMMONWEALTH OF MASSACHUSETTS  
THE TRIAL COURT  
PROBATE AND FAMILY COURT

Docket No: \_\_\_\_\_

Essex \_\_\_\_\_ Division

Jane Doe \_\_\_\_\_, Plaintiff

vs.

Plaintiff's \_\_\_\_\_

PROPOSED ORDER

John Doe \_\_\_\_\_, Defendant

Upon the Motion for Temporary Order of Visitation

dated: September 21, 2010 and filed with this court on September 21, 2010 20 10

After hearing and pending further order or judgment of this Court, IT IS ORDERED THAT  
(Describe in detail the relief order you seek.)

- 1) \_\_\_\_\_ shall have \_\_\_\_\_ custody of:  
\_\_\_\_\_ the minor child/ren of the parties, \_\_\_\_\_ shall have physical custody of said child/ren.
- 2) Plaintiff \_\_\_\_\_ shall have the following visitation rights:  
reasonable visitation including (state visitation schedule you requested).  
\_\_\_\_\_
- 3) \_\_\_\_\_ shall pay, as child support, the sum of \$ \_\_\_\_\_ each and every  
\_\_\_\_\_ hereafter, beginning \_\_\_\_\_ 20 \_\_\_\_\_ to the  
\_\_\_\_\_ by \_\_\_\_\_
- 4) \_\_\_\_\_ shall obtain \_\_\_\_\_ insurance coverage  
for said child/ren and for the \_\_\_\_\_
- 5) \_\_\_\_\_ shall pay to the \_\_\_\_\_ % of the uninsured  
medical, dental, hospital and optical expenses of the child/ren.
- 6) Other - Please specify \_\_\_\_\_

**TEMPORARY ORDER**

The Court hereby adopts this proposed order, he parties shall comply with the terms and provisions thereof.

\_\_\_\_\_  
Date Justice of the Probate Court

*Jane Doe*  
\_\_\_\_\_  
(Signature)

Jane Doe, Pro Se  
\_\_\_\_\_  
(Print Name)

123 Ocean St.  
\_\_\_\_\_  
(Street Address)

Lynn MA 01902  
\_\_\_\_\_  
(City or Town) (State) (Zip Code)

Tel. No. (781) 599-1234 \_\_\_\_\_

Commonwealth of Massachusetts

The Trial Court

Division Essex Probate and Family Court Department

Docket No. \_\_\_\_\_

MOTION FOR

Jane Doe  
Plaintiff/Petitioner

V.

John Doe  
Defendant/Respondent

Temporary Order of Support

Now comes Jane Doe,  Plaintiff  Defendant  Petitioner  Respondent,  
(name of moving party)

in this action who requests:

To require Defendant to provide support and maintain health insurance for Plaintiff and the minor children of the marriage. As grounds for this request, Plaintiff states that Defendant is the father of the children and is therefore responsible for their financial care. Wherefore, Plaintiff requests a temporary order requiring Defendant to pay support and maintain health insurance for Plaintiff and the minor children.

Date September 21, 2009

Jane Doe Pro Se  
(Signature of attorney or plaintiff, if pro se)

Jane Doe  
(Print name)

123 Ocean St.  
(Street address)

Lynn MA 01902  
(City/Town) (State) (Zip)

Tel. No. +1 (781) 599-1234

B.B.O. # \_\_\_\_\_

**NOTICE OF HEARING**

This motion will be heard at the Probate and Family Court

In \_\_\_\_\_  
(city)

on \_\_\_\_\_  
(month/day/year)

at \_\_\_\_\_  
(time of hearing)

The within motion is hereby  ALLOWED  DENIED

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date \_\_\_\_\_

JUSTICE OF PROBATE AND FAMILY COURT

Commonwealth of Massachusetts  
The Trial Court  
Probate and Family Court Department

Division Essex

Docket No. \_\_\_\_\_

**MOTION FOR**

Temporary Order of Support

Dated: September 21, 2009

**CERTIFICATE OF SERVICE**

I hereby certify that I have delivered a copy of this motion to:

John Doe  
(name of party or attorney of record)

200 Noplace St. Salem MA 01970  
(Street address) (City/Town) (State) (Zip)

By  delivery in hand \_\_\_\_\_ at \_\_\_\_\_  AM  PM  
(date of delivery) (time)

mailing (postage paid on) September 21, 2009  
(date of mailing)

Jane Doe  
(signature)

Commonwealth of Massachusetts  
The Trial Court  
Probate and Family Court Department

Docket No. \_\_\_\_\_

Division Essex

Jane Doe

Plaintiff/Petitioner

V.

John Doe

Defendant/Respondent

**AFFIDAVIT IN SUPPORT OF  
Motion for Temporary Order  
of Child Support**

In support of Motion for Order of Child Support

Plaintiff  
(plaintiff/defendant)

states as follows:

1) I am the mother of two minor children, Jimmy and Jessica Doe, who reside with me full time.

2) Defendant is the father of Jimmy and Jessica Doe.

3) Defendant is employed as a mechanic by Joe's Auto Body Shop in Lynn, MA and has the means to provide health insurance and financial support for his two children.

Signed under the pains and penalties of perjury.

Date September 21, 2009

Jane Doe Pro Se  
(Signature of attorney or plaintiff, if pro se)

COMMONWEALTH OF MASSACHUSETTS  
THE TRIAL COURT  
PROBATE AND FAMILY COURT

Docket No: \_\_\_\_\_

Essex \_\_\_\_\_ Division

Jane Doe \_\_\_\_\_, Plaintiff

vs.

John Doe \_\_\_\_\_, Defendant

Plaintiff's

PROPOSED ORDER

Upon the Motion for Temporary Order of Child Support

dated: September 21, 2009 and filed with this court on September 21, 20 09

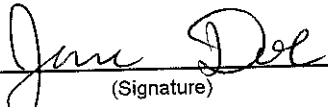
**After hearing and pending further order or judgment of this Court, IT IS ORDERED THAT**  
(Describe in detail the relief order you seek.)

- 1) \_\_\_\_\_ shall have \_\_\_\_\_ custody of:  
\_\_\_\_\_  
the minor child/ren of the parties, \_\_\_\_\_ shall have physical custody of said child/ren.
- 2) \_\_\_\_\_ shall have the following visitation rights:  
\_\_\_\_\_  
\_\_\_\_\_
- 3) Defendant shall pay, as child support, the sum of \$ 50 each and every  
week \_\_\_\_\_ hereafter, beginning September 30, 20 10 to the  
Plaintiff by implemented wage assignment
- 4) Defendant shall obtain medical, dental and optical insurance coverage  
for said child/ren and for the plaintiff
- 5) \_\_\_\_\_ shall pay to the \_\_\_\_\_ % of the uninsured  
medical, dental, hospital and optical expenses of the child/ren.
- 6) Other - Please specify \_\_\_\_\_

**TEMPORARY ORDER**

The Court hereby adopts this proposed order, he parties shall comply with the terms and provisions thereof.

\_\_\_\_\_  
Date Justice of the Probate Court

  
(Signature)

Jane Doe, Pro Se  
(Print Name)

123 Ocean St.  
(Street Address)

Lynn MA 01902  
(City or Town) (State) (Zip Code)

Tel. No. (781) 599-1234

c.g.f.

Commonwealth of Massachusetts  
The Trial Court

Division Essex

Probate and Family Court Department

Docket No. \_\_\_\_\_

**MOTION FOR To**

Jane Doe  
Plaintiff/Petitioner

Impound Address \_\_\_\_\_

V.

John Doe  
Defendant/Respondent

Now comes Jane Doe,  Plaintiff  Defendant  Petitioner  Respondent,  
(name of moving party)

in this action who requests:

To issue an order impounding her address.  
As grounds for this request, plaintiff states that the defendant has a history of violence toward the plaintiff and plaintiff's safety would be at risk if her address were disclosed to the defendant. Further support for this request is contained in plaintiff's affidavit which accompanies this motion.  
Wherefore, plaintiff requests that her address be impounded.

Date September 21, 2009

Jane Doe Pro Se  
(Signature of attorney or plaintiff, if pro se)

**NOTICE OF HEARING**  
This motion will be heard at the Probate and Family Court  
In \_\_\_\_\_ (city)  
on \_\_\_\_\_ (month/day/year)  
at \_\_\_\_\_ (time of hearing)

Jane Doe  
(Print name)

123 Ocean St.  
(Street address)

Lynn MA 01902  
(City/Town) (State) (Zip)

Tel. No. +1 (781) 599-1234

B.B.O. # \_\_\_\_\_

The within motion is hereby  ALLOWED  DENIED  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Date \_\_\_\_\_ 83 JUSTICE OF PROBATE AND FAMILY COURT



Commonwealth of Massachusetts  
The Trial Court  
Probate and Family Court Department

Docket No. \_\_\_\_\_

Division Essex

Jane Doe

Plaintiff/Petitioner

V.

John Doe

Defendant/Respondent

**AFFIDAVIT IN SUPPORT OF  
MOTION TO IMPOUND  
ADDRESS**

In support of my motion to Impound my address, plaintiff states:

- 1) Defendant has been physically abusive to me during our marriage.
- 2) During the last incident of physical abuse in April of 2009 he punched me with a closed fist causing personal injury and requiring emergency room care.
- 3) I obtained a 209A Restraining Order from Lynn District Court on April 24, 2008.
- 4) I have since moved to another address and am fearful Defendant may harm me or our child.

Signed under the pains and penalties of perjury.

Date September 21, 2009

Jane Doe, Pro Se  
(Signature of attorney of plaintiff, if pro se)

COMMONWEALTH OF MASSACHUSETTS  
THE TRIAL COURT  
PROBATE AND FAMILY COURT

Docket No: \_\_\_\_\_

Essex Division

Jane Doe, Plaintiff

vs.

John Doe, Defendant

Plaintiff's

PROPOSED ORDER

Upon the Motion for To Impound Address

dated: September 21, 2009 and filed with this court on September 21, 20 09

After hearing and pending further order or judgment of this Court, IT IS ORDERED THAT  
(Describe in detail the relief order you seek.)

- 1) \_\_\_\_\_ shall have \_\_\_\_\_ custody of:  
\_\_\_\_\_  
the minor child/ren of the parties, \_\_\_\_\_ shall have physical custody of said child/ren.
- 2) \_\_\_\_\_ shall have the following visitation rights:  
\_\_\_\_\_  
\_\_\_\_\_
- 3) \_\_\_\_\_ shall pay, as child support, the sum of \$ \_\_\_\_\_ each and every  
\_\_\_\_\_ hereafter, beginning \_\_\_\_\_ 20 \_\_\_\_\_ to the  
\_\_\_\_\_ by \_\_\_\_\_
- 4) \_\_\_\_\_ shall obtain \_\_\_\_\_ insurance coverage  
for said child/ren and for the \_\_\_\_\_
- 5) \_\_\_\_\_ shall pay to the \_\_\_\_\_ % of the uninsured  
medical, dental, hospital and optical expenses of the child/ren.
- 6) Other - Please specify Plaintiff's address shall be impounded by the court.

**TEMPORARY ORDER**

The Court hereby adopts this proposed order, the parties shall comply with the terms and provisions thereof.

\_\_\_\_\_  
Date Justice of the Probate Court

Jane Doe  
(Signature)

Jane Doe, Pro Se  
(Print Name)

123 Ocean St.  
(Street Address)

Lynn, MA 01902  
(City or Town) (State) (Zip Code)

Tel. No. 1-781-599-1234

c.g.f.

Commonwealth of Massachusetts  
The Trial Court

Division Essex

Probate and Family Court Department

Docket No. \_\_\_\_\_

**MOTION FOR**

Jane Doe  
Plaintiff/Petitioner

V.

John Doe  
Defendant/Respondent

Court Interpreter \_\_\_\_\_

Now comes Jane Doe,  Plaintiff  Defendant  Petitioner  Respondent,  
(name of moving party)

in this action who requests:

To provide a Spanish interpreter for any and all matters in this Court, as provided by G.L. c. 221C 2.  
As grounds for this request, plaintiff asserts that she does not have proficiency in the English language and thus cannot receive just adjudication of her case without the services of an interpreter.  
Wherefore, plaintiff requests a Spanish interpreter.

Date September 21, 2009

Jane Doe, Pro se  
(Signature of attorney or plaintiff, if pro se)

**NOTICE OF HEARING**  
This motion will be heard at the Probate and Family Court  
In \_\_\_\_\_ (city)  
on \_\_\_\_\_ (month/day/year)  
at \_\_\_\_\_ (time of hearing)

Jane Doe  
(Print name)

123 Ocean St.  
(Street address)

Lynn MA 01902  
(City/Town) (State) (Zip)

Tel. No. +1 (781) 599-1234

B.B.O. # \_\_\_\_\_

The within motion is hereby  ALLOWED  DENIED  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Date 86 JUSTICE OF PROBATE AND FAMILY COURT

Commonwealth of Massachusetts  
The Trial Court  
Probate and Family Court Department

Division Essex

Docket No. \_\_\_\_\_

Jane Doe  
Plaintiff/Petitioner  
V.

**AFFIDAVIT IN SUPPORT OF  
Motion for a Court Interpreter**

John Doe  
Defendant/Respondent

In support of Motion for a Court Interpreter Plaintiff \_\_\_\_\_ states as follows:  
(plaintiff/defendant)

1) I am a native Spanish Speaker

2) I cannot adequately speak nor understand the English Language

3) I will need the services of a Spanish-English interpreter for my court appearances.

Signed under the pains and penalties of perjury.

Date September 21, 2009

*John Doe Pro Se*  
(Signature of attorney or plaintiff, if pro se)

COMMONWEALTH OF MASSACHUSETTS  
THE TRIAL COURT  
PROBATE AND FAMILY COURT

Docket No: \_\_\_\_\_

Essex Division

Jane Doe, Plaintiff  
vs.

Plaintiff's  
PROPOSED ORDER

John Doe, Defendant

Upon the Motion for Court Interpreter

dated: September 21, 2009 and filed with this court on \_\_\_\_\_ 20 \_\_\_\_\_

After hearing and pending further order or judgment of this Court, IT IS ORDERED THAT  
(Describe in detail the relief order you seek.)

- 1) \_\_\_\_\_ shall have \_\_\_\_\_ custody of:  
\_\_\_\_\_  
the minor child/ren of the parties, \_\_\_\_\_ shall have physical custody of said child/ren.
- 2) \_\_\_\_\_ shall have the following visitation rights:  
\_\_\_\_\_  
\_\_\_\_\_
- 3) \_\_\_\_\_ shall pay, as child support, the sum of \$ \_\_\_\_\_ each and every  
\_\_\_\_\_ hereafter, beginning \_\_\_\_\_ 20 \_\_\_\_\_ to the  
\_\_\_\_\_ by \_\_\_\_\_
- 4) \_\_\_\_\_ shall obtain \_\_\_\_\_ insurance coverage  
for said child/ren and for the \_\_\_\_\_
- 5) \_\_\_\_\_ shall pay to the \_\_\_\_\_ % of the uninsured  
medical, dental, hospital and optical expenses of the child/ren.
- 6) Other - Please specify The Court shall provide plaintiff with a Spanish interpreter for any and all matters  
before this court.

**TEMPORARY ORDER**

The Court hereby adopts this proposed order, he parties shall comply with the terms and provisions thereof.

\_\_\_\_\_  
Date Justice of the Probate Court

*Jane Doe*  
(Signature)

Jane Doe, Pro se  
(Print Name)

123 Ocean St.  
(Street Address)

Lynn, MA 01902  
(City or Town) (State) (Zip Code)

Tel. No. (781) 599-1234 c.g.f.