COMPLAINT FOR SUPPORT PURSUANT TO G.L. c. 209 §32F	Docket No.	Commonwealth of Massachusetts The Trial Court Probate and Family Court

_____, Plaintiff

V.

_____, Defendant

_____ Division

1. Plaintiff _____ (First Name) _____ (M.I.) _____ (Last Name)

resides at _____ (Address Line 1) _____ (Apt, Unit, No. etc.) _____ (City/Town) _____ (State) _____ (Zip)

Defendant _____ (First Name) _____ (M.I.) _____ (Last Name)

resides at _____ (Address Line 1) _____ (Apt, Unit, No. etc.) _____ (City/Town) _____ (State) _____ (Zip)

2. The parties were married at _____ (City/Town) _____ (State) on _____

and last lived together at _____ (Address Line 1) _____ (Apt, Unit, No. etc.) _____ (City/Town) _____ (State) .

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

Name of child _____ (First Name) _____ (M.I.) _____ (Last Name) Date of Birth _____ (Date)

Name of child _____ (First Name) _____ (M.I.) _____ (Last Name) Date of Birth _____ (Date)

Name of child _____ (First Name) _____ (M.I.) _____ (Last Name) Date of Birth _____ (Date)

click to add

4. Plaintiff-and/or the above named child(ren)-is/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).

☐ _____

Date _____

_____
Signature of attorney or plaintiff, if pro se

_____
Print name

_____ (Address Line) _____ (Apt, Unit, No. etc.)

_____ (City/Town) _____ (State) _____ (Zip)

Primary Phone #: _____

BBO No.: _____