

<b>ANSWER TO COMPLAINT FOR DIVORCE</b>	Docket No. _____	<b>Commonwealth of Massachusetts The Trial Court Probate and Family Court</b>
<b>Plaintiff</b> _____  <div style="text-align: center;">V.</div> <b>Defendant</b> _____  Complaint for Divorce filed on: _____	<b>Division</b> _____	

1.    ☐ The Defendant admits all allegations in paragraph 1.  
       ☐ The Defendant denies all allegation in paragraph 1.  
       ☐ The Defendant admits \_\_\_\_\_  
               but denies/doesn't know: \_\_\_\_\_
  
2.    ☐ The Defendant admits all allegations in paragraph 2.  
       ☐ The Defendant denies all allegation in paragraph 2.  
       ☐ The Defendant admits \_\_\_\_\_  
               but denies/doesn't know: \_\_\_\_\_
  
3.    ☐ The Defendant admits all allegations in paragraph 3.  
       ☐ The Defendant denies all allegation in paragraph 3.  
       ☐ The Defendant admits \_\_\_\_\_  
               but denies/doesn't know: \_\_\_\_\_
  
4.    ☐ The Defendant admits all allegations in paragraph 4.  
       ☐ The Defendant denies all allegation in paragraph 4.  
       ☐ The Defendant admits \_\_\_\_\_  
               but denies/doesn't know: \_\_\_\_\_
  
5.    ☐ The Defendant admits all allegations in paragraph 5.  
       ☐ The Defendant denies all allegation in paragraph 5.  
       ☐ The Defendant admits \_\_\_\_\_  
               but denies/doesn't know: \_\_\_\_\_

**6. Wherefore, the Defendant requests that the Court:**

- ☐ grant the divorce.
- ☐ deny relief requested in paragraph 6 of the Complaint for Divorce filed on: \_\_\_\_\_ (date) .
- ☐ dismiss the Complaint for Divorce filed on: \_\_\_\_\_ (date) .
- ☐ grant the relief requested in the attached counterclaim for divorce.

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

\_\_\_\_\_  
(Signature of Defendant, if pro se)

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

\_\_\_\_\_  
(Address)                      (Apt, Unit, No. etc.)

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

Primary Phone #: \_\_\_\_\_

Email, if any: \_\_\_\_\_

Plaintiff _____ V. Defendant _____	Docket No. _____
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Information on Attorney for Defendant, if any

\_\_\_\_\_  
Signature of Attorney

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

\_\_\_\_\_  
(Address) (Apt, Unit, No. etc.)

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

Primary Phone #: \_\_\_\_\_

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

Email: \_\_\_\_\_

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**CERTIFICATE OF SERVICE**

I, \_\_\_\_\_, hereby certify that I served a copy of the above Answer as  
(name)  
specified below:

To: \_\_\_\_\_ by ☐ first-class mail ☐ hand delivery

at: \_\_\_\_\_ On: \_\_\_\_\_  
(address) (date)

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