

COUNTERCLAIM FOR DIVORCE ACTION FILED ON: _____ <div style="text-align: center;">(date)</div>	Docket No. _____	Commonwealth of Massachusetts The Trial Court Probate and Family Court
Plaintiff-in-counterclaim _____ <div style="text-align: center;">V.</div> Defendant-in-counterclaim _____	Division _____	

1. Plaintiff-in-counterclaim, who resides at _____

(Address) (Apt, Unit, No. etc.) (City/Town) (State) (Zip)

was lawfully married to the Defendant-in-counterclaim who resides at _____

(Address) (Apt, Unit, No. etc.) (City/Town) (State) (Zip)

2. The parties were married in _____ on _____,

city/town, state (date)

and last lived together in _____ on _____.

city/town, state (date)

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

_____ (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-in-counterclaim certifies that no previous action for divorce, annulment or affirmation of marriage, separate support, custody of child(ren), support, or protection from abuse has been brought by either party against the other except:
☐ the Complaint for Divorce filed in this Court on _____ and

(date)

5. ☐ On or about _____, the parties suffered an irretrievable breakdown of marriage as

(date)

defined by G .L. c. 208, § 1B and the breakdown continues to exist.
AND/OR
☐ On or about _____, as described in G. L. c. 208, § 1, the Defendant-in-counterclaim

(date)

6. **Wherefore, the Plaintiff-in-counterclaim requests that the Court:**
☐ grant a divorce for irretrievable breakdown of this marriage (see G. L. c. 208, § 1B).
☐ grant a divorce for (see G. L. c. 208, § 1) _____.
☐ grant ☐ plaintiff-in-counterclaim ☐ defendant-in-counterclaim custody of the above-named child(ren).
☐ prohibit defendant-in-counterclaim from imposing any restraint on plaintiff-in-counterclaim's personal liberty.
☐ order a suitable amount for support of ☐ plaintiff-in-counterclaim 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 _____

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☐ allow Plaintiff-in-counterclaim to resume former name of _____ .
☐ _____

Date: _____

Signature of Plaintiff-in-counterclaim, if pro se

(Print name)

Primary Phone #: _____
Email, if any: _____

Information on Attorney for Plaintiff-in-counterclaim, if any

Signature of Attorney

(Print name)

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

(City/Town) (State) (Zip)

Primary Phone #: _____
B.B.O. # _____
Email: _____

CERTIFICATE OF SERVICE

I, _____, hereby certify that I served a copy of the above Counterclaim as
(name)
specified below:

To: _____ by ☐ first-class mail ☐ hand delivery
at: _____ On: _____
(address) (date)

Date: _____
Signature