

Division \_\_\_\_\_

Commonwealth of Massachusetts  
The Trial Court  
Probate and Family Court Department

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

**MOTION FOR**

\_\_\_\_\_  
Plaintiff/Petitioner

V.

\_\_\_\_\_  
Defendant/Respondent

Now comes \_\_\_\_\_, ☐ Plaintiff ☐ Defendant ☐ Petitioner ☐ Respondent ,  
(name of moving party)

in this action who requests:

Date \_\_\_\_\_

**NOTICE OF HEARING**

This motion will be heard at the Probate and Family Court

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

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

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

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

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

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

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

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

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

The within motion is hereby ☐ **ALLOWED** ☐ **DENIED**

Date \_\_\_\_\_

\_\_\_\_\_  
**Justice of the Probate and Family Court**

Division \_\_\_\_\_

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

## 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)

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

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

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

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