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

Mary Smith, Plaintiff

V.

Joseph Smith, Defendant

Berkshire **Division**

44 Bank Row

Pittsfield, MA 01201

(413) 442-6941

1. Plaintiff Mary (First Name) | (M.I.) | Smith (Last Name)

resides at 123 First St. (Address Line 1) | 1 (Apt, Unit, No. etc.) | Pittsfield (City/Town) | MA (State) | 01201 (Zip)

Defendant Joseph (First Name) | (M.I.) | Smith (Last Name)

resides at 456 Third St. (Address Line 1) | 2 (Apt, Unit, No. etc.) | Pittsfield (City/Town) | MA (State) | 01201 (Zip)

2. The parties were married at Lenox (City/Town) | MA (State) on June 6, 1999

and last lived together at 123 First St. (Address Line 1) | 1 (Apt, Unit, No. etc.) | Pittsfield (City/Town) | MA (State).

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

	First Name	M.I.	Last Name		Date of Birth
Name of child	Susan		Smith	Date of Birth	December 20, 2001
Name of child	Joseph		Smith, Jr.	Date of Birth	October 2, 2000
Name of child	Alicia		Smith	Date of Birth	June 5, 1999

SAMPLE

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

Mary Smith
Print name

123 First St. (Address Line) | 1 (Apt, Unit, No. etc.)

Pittsfield (City/Town) | MA (State) | 01201 (Zip)

Primary Phone #: 413 123 4567

BBO No.: _____