

<b>COMPLAINT FOR SUPPORT PURSUANT TO G.L. c. 209 §32F</b>	Docket No.	<b>Commonwealth of Massachusetts The Trial Court Probate and Family Court</b>
Mary Smith, Plaintiff  V.  Joseph Smith, Defendant		<b>Berkshire</b> Division 44 Bank Row Pittsfield, MA 01201 (413) 442-6941

1. Plaintiff Mary Smith  
First Name M.I. Last Name  
 resides at 123 First St. 1 Pittsfield MA 01201  
(Address Line 1) (Apt, Unit, No. etc.) (City/Town) (State) (Zip)

Defendant Joseph Smith  
First Name M.I. Last Name  
 resides at 456 Third St. 2 Pittsfield MA 01201  
(Address Line 1) (Apt, Unit, No. etc.) (City/Town) (State) (Zip)

2. The parties were married at Lenox MA on June 6, 1999  
(City/Town) (State)  
 and last lived together at 123 First St. 1 Pittsfield MA  
(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	<u>Susan</u> <small>First Name</small>	<u>M.I.</u>	<u>Smith</u> <small>Last Name</small>	Date of Birth	<u>December 20, 2001</u> <small>Date</small>
Name of child	<u>Joseph</u> <small>First Name</small>	<u>M.I.</u>	<u>Smith, Jr.</u> <small>Last Name</small>	Date of Birth	<u>October 2, 2000</u> <small>Date</small>
Name of child	<u>Alicia</u> <small>First Name</small>	<u>M.I.</u>	<u>Smith</u> <small>Last Name</small>	Date of Birth	<u>June 5, 1999</u> <small>Date</small>

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. 1  
(Address Line) (Apt, Unit, No. etc.)

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

Primary Phone #: 413 123 4567

BBO No.: \_\_\_\_\_