

Commonwealth of Massachusetts

The Trial Court

Probate and Family Court Department

Division Berkshire

Docket No. 18W0000

MOTION FOR

Jane Doe  
Plaintiff/Petitioner

V.

John Johnson  
Defendant/Respondent

Temporary Child Support, Health Care Coverage, and

Uninsured Medical Expenses

Now comes Jane Doe,  Plaintiff  Defendant  Petitioner  Respondent,  
(name of moving party)

in this action who requests:

That the Court order the Defendant John Doe to pay child support, provide health care coverage, and pay 50% of uninsured medical and dental expenses for our two minor children, Aaron Doe born January 1, 2017 and Abigail Doe born February 1, 2014.

Date March 24, 2018

*Jane Doe*  
(Signature of attorney or plaintiff, if pro se)

Jane Doe  
(Print name)

100 Main Street  
(Street address)

Anywhere  
(City/Town)

MA  
(State)

00000  
(Zip)

Tel. No. +1 (800) 555-5555

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

NOTICE OF HEARING

This motion will be heard at the Probate and Family Court

In Pittsfield  
(city)

on April 27, 2018  
(month/day/year)

at 10:00 AM  
(time of hearing)

The within motion is hereby  ALLOWED  DENIED

Date

JUSTICE OF PROBATE AND FAMILY COURT

**Commonwealth of Massachusetts**  
**The Trial Court**  
**Probate and Family Court Department**

Division Berkshire

Docket No. 18W0000

**MOTION FOR**

Child Support, Health Care Coverage and Medical Expenses

Dated: March 24, 2018

**CERTIFICATE OF SERVICE**

I hereby certify that I have delivered a copy of this motion to:

John Johnson

(name of party or attorney of record)

200 Maple Street  
(Street address)

Somewhere  
(City/Town)

MA  
(State)

00000  
(Zip)

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

mailing (postage paid on) March 24, 2018  
(date of mailing)

Jane Doe  
(signature)

COMMONWEALTH OF MASSACHUSETTS  
THE TRIAL COURT  
PROBATE AND FAMILY COURT

Docket No:

Berkshire Division

18W0000

Jane Doe, Plaintiff

vs.

Plaintiff's

John Johnson, Defendant

PROPOSED ORDER

Upon the Motion for Temporary Child Support, Health Care Coverage, and Uninsured Medical Expenses

dated: March 24, 2018 and filed with this court on March 24, 2018

After hearing and pending further order or judgment of this Court, IT IS ORDERED THAT  
(Describe in detail the relief order you seek.)

- 1) \_\_\_\_\_ shall have \_\_\_\_\_ custody of:  
\_\_\_\_\_  
the minor child/ren of the parties, \_\_\_\_\_ shall have physical custody of said child/ren.
- 2) Plaintiff \_\_\_\_\_ shall have the following parenting time:  
\_\_\_\_\_  
\_\_\_\_\_
- 3) Defendant \_\_\_\_\_ shall pay, as child support, the sum of \$ 250.00 each and every week hereafter, beginning April 28, 2018 to the Plaintiff \_\_\_\_\_ by implemented wage assignment
- 4) Defendant \_\_\_\_\_ shall obtain medical and dental insurance coverage for said child/ren. and for the \_\_\_\_\_
- 5) Defendant \_\_\_\_\_ shall pay to the plaintiff \_\_\_\_\_ 50 % of the uninsured medical, dental, hospital and optical expenses of the child/ren.
- 6) Other - Please specify \_\_\_\_\_

TEMPORARY ORDER

The Court hereby adopts this proposed order, the parties shall comply with the terms and provisions thereof.

Date Justice of the Probate Court

Jane Doe  
(Signature)

Jane Doe  
(Print Name)

100 Main Street  
(Street Address)

Anywhere  
(City or Town)

MA  
(State)

00000  
(Zip Code)

Tel. No. (800) 555-5555

c.g.f.