Commonwealth of Massachusetts
The Trial Court
Probate and Family Court Department

Division _____ **Docket No.** _____

COMPLAINT FOR SUPPORT PURSUANT TO G.L. c. 209 §32F

_____, Plaintiff V. _____, Defendant

1. Plaintiff resides at _____ (Street Address) _____ (City/Town)

_____ (County) _____ (State) _____ (Zip) .

Defendant resides at _____ (Street Address) _____ (City/Town)

_____ (County) _____ (State) _____ (Zip) .

2. The parties were married at _____ on _____

and last lived together at _____ .

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)

_____ (name of child and date of birth) _____ (name of child and date of birth)

4. Plaintiff-and the above named child(ren)-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)

_____ (Print name)

_____ (Street address)

_____ (City/Town) _____ (State) _____ (Zip)

Tel. No. _____

B.B.O. # _____