COMPLAINT FOR CIVIL CONTEMPT	DOCKET NUMBER	Trial Court of Massachusetts Juvenile Court Department
CASE NAME		DIVISION

1. **Plaintiff(s) Information:**

Name: _____
(print or type full name)

Address: _____
(street and no.) (city or town) (state) (zip code)

Name: _____
(print or type full name)

Address: _____
(street and no.) (city or town) (state) (zip code)

2. **Defendant(s) Information:**

Name: _____
(print or type full name)

Address: _____
(street and no.) (city or town) (state) (zip code)

Name: _____
(print or type full name)

Address: _____
(street and no.) (city or town) (state) (zip code)

3. **Alleged Contempt of** ☐ Order ☐ Judgment of the Court, dated _____

Case Docket No.: _____

Case Name: _____

☐ Check box if copy of Order/Judgment is attached.

4. The Defendant(s) failed to comply with the Court's order/judgment by (explain with specificity):

_____

_____

_____

_____

WHEREFORE, the Plaintiff(s) request that the Court issue a summons for the Defendant(s) to appear for a hearing for the Court to determine whether the Defendant(s) should be found in civil contempt.

Signature and Verification of Complaint

I/we verify that the statements made in this complaint are true and correct and of my/our own knowledge.

Date: _____ _____
(Signature of Plaintiff)

Date: _____ _____
(Signature of Plaintiff)

(Court Use Only)

☐ Issue summons ☐ Do not issue summons

Date: _____ _____
(Signature of Justice)