



**MOTION TO REVIEW  
SUPERVISED PARENTING TIME  
as Requested by Professional  
Parenting Time Supervisor**

Docket No. \_\_\_\_\_

**Massachusetts Trial Court  
Probate and Family Court**

\_\_\_\_\_  
Plaintiff/Petitioner

v.

\_\_\_\_\_  
Defendant/Respondent

Division \_\_\_\_\_

Now comes \_\_\_\_\_, the Professional Parenting Time Supervisor in this  
(name of Professional Parenting Time Supervisor)

action, requesting that the Court review my Order of Appointment dated \_\_\_\_\_ and/or the supervised parenting  
time of \_\_\_\_\_

☐ as I terminated the supervised parenting event on \_\_\_\_\_ because: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

☐ as parenting time cannot occur because of lack of payment.

I believe that this review is necessary to proceed safely with future parenting time events. I understand that this motion will be  
scheduled expeditiously because I feel that a review is necessary to proceed safely with future parenting time events.

Date: \_\_\_\_\_

**NOTICE OF HEARING**

This motion will be heard at the Probate and Family Court

in \_\_\_\_\_  
(city)

on \_\_\_\_\_  
(month/day/year)

at \_\_\_\_\_  
(time of hearing)

\_\_\_\_\_  
(Signature of Professional Parenting Time Supervisor)

\_\_\_\_\_  
(Print name)

\_\_\_\_\_  
(Street address)

\_\_\_\_\_  
(City/Town)

\_\_\_\_\_  
(State)

\_\_\_\_\_  
(Zip Code)

Tel. No. \_\_\_\_\_

B.B.O. # (if applicable) \_\_\_\_\_



**FOR COURT USE ONLY**



The within Motion is ☐ **ALLOWED.**

The within Motion is ☐ **DENIED.** \_\_\_\_\_

Date \_\_\_\_\_

\_\_\_\_\_  
JUSTICE OF THE PROBATE AND FAMILY COURT



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Docket No.

**Massachusetts Trial Court  
Probate and Family Court**

\_\_\_\_\_  
Plaintiff/Petitioner  
v.

\_\_\_\_\_  
Defendant/Respondent

Division \_\_\_\_\_

**CERTIFICATE OF SERVICE**

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

\_\_\_\_\_  
(name of party or attorney of record)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/Town)

\_\_\_\_\_  
(State)

\_\_\_\_\_  
(Zip Code)

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

☐ mailing (postage paid on) \_\_\_\_\_  
(date of delivery)

\_\_\_\_\_  
Signature

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\_\_\_\_\_  
Signature