

REQUEST FOR REASSIGNMENT Pursuant to Standing Order 3-17 Name of assigned judge: _____ Case Name(s): _____	Commonwealth of Massachusetts The Trial Court Probate and Family Court	Docket No(s). _____
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Form Use: This form shall be used to request reassignment of an applicable case to the Fiduciary Litigation Session pursuant to Standing Order 3-17. This form must be filed in the division where the matter is pending and a copy sent contemporaneously to: (1) The Administrative Office of the Probate and Family Court, Three Center Plaza, 2nd Floor, Boston, MA 02108; and (2) to all attorneys and self-represented parties in the matter. All mailings should be designated, "**Attn: FLS**".

IMPORTANT NOTICE: To contest reassignment to the Fiduciary Litigation Session, a written response must be filed within ten (10) calendar days of the date of service of the *Request for Reassignment* in the division where the matter is pending and a copy sent contemporaneously to: (1) The Administrative Office of the Probate and Family Court, Three Center Plaza, 2nd Floor, Boston, MA 02108; and (2) to all attorneys and self-represented parties in the matter. All mailings should be designated, "**Attn: FLS**".

1. Name of Plaintiff/Petitioner ☐ Request by assigned judge

First Name M.I. Last Name

(Address) (Apt, Unit, No. etc.) (City/Town) (State) (Zip)
Primary Phone #: _____ e-mail: _____

Attorney Information, if any

First Name M.I. Last Name

(Address) (Apt, Unit, No. etc.) (City/Town) (State) (Zip)
Primary Phone #: _____ BBO # _____
e-mail: _____

2. Other Party(ies)/Interested Person(s):

First Name M.I. Last Name

(Address) (Apt, Unit, No. etc.) (City/Town) (State) (Zip)
Primary Phone #: _____ e-mail: _____

If necessary, attach a separate page and include all of the above requested information

Attorney Information, if any

First Name M.I. Last Name

(Address) (Apt, Unit, No. etc.) (City/Town) (State) (Zip)
Primary Phone #: _____ BBO # _____
e-mail: _____

3. If applicable, list any other Probate and Family Court case related to this matter involving the same parties **in the same county**. Briefly describe the nature of the case, case name and docket number. Indicate if you request reassignment of this case to the FLS. **NOTE:** If a related case is located in another county of the Probate and Family Court, a **separate** Request for Reassignment must be filed in the division where the matter is pending.

Nature of the Case	Division	Case Name	Docket #	Indicate if:
				<input type="checkbox"/> You request reassignment of this case to the FLS.
				<input type="checkbox"/> You request reassignment of this case to the FLS.

4. If applicable, list any other court case related to this matter involving the same parties. Briefly describe the nature of the case, name of court and location, case name and docket number. Indicate if you intend to request an interdepartmental assignment of this case pursuant to Trial Court Rule XII. **NOTE:** Cases located in another Department of the Trial Court may NOT be reassigned to the FLS using a Request for Reassignment. Instead, the procedure set forth in Trial Court Rule XII must be followed. The Rule may be found at www.mass.gov/trial-court-rules/trial-court-rule-xii-interdepartmental-judicial-assignments

****** Any case requiring or requesting a jury trial will not be assigned to the FLS******

Nature of the Case	Court/Location	Case Name	Docket #	Indicate if:
				<input type="checkbox"/> You intend to request an interdepartmental assignment Pursuant to Trial Court Rule XII
				<input type="checkbox"/> You intend to request an interdepartmental assignment Pursuant to Trial Court Rule XII

5. Do you know of any reason why a judge of the Fiduciary Litigation Session would be disqualified from this case?
☐ No ☐ Yes. If yes, explain why.

6. Have the parties attempted or utilized any type of alternative dispute resolution services with a neutral third party?
☐ No ☐ Yes ☐ Unknown

If yes, indicate the type of alternative dispute resolution attempted, date(s) of participation, and the result.

7. Please state the nature of this case. Your request for reassignment may be determined without a hearing, or a hearing may be scheduled for purposes of deciding whether reassignment to the Fiduciary Litigation Session is appropriate. Please describe the complexities in this case to assist in determining eligibility. If necessary, attach **one additional page only**.

DO NOT attach any other document to this *Request for Reassignment*. If you want specific pleadings or documents considered in the review, refer to them by name, date of submission to the current division/court, and docket number.

Parties are **PROHIBITED** from submitting with this *Request for Reassignment* any new evidence, motions, or other pleadings that have not been previously filed with the current division/court.

Parties **MUST** limit the scope of this *Request for Reassignment* to only information necessary for a determination of whether reassignment to the Fiduciary Litigation Session is warranted.

8. **Certification:**

I certify that on this date, I sent a copy of this document and any attachments to:

(1) The Administrative Office of the Probate and Family Court, Three Center Plaza, 2nd Floor, Boston, MA 02108; (2) the division where the matter is pending; and (3) to all attorneys and self-represented parties in the matter by:

☐ Hand-delivery OR ☐ US Mail OR ☐ E-mail

Date _____

Signature of Attorney, Self-represented Party, Assigned Judge/Judicial Designee

☐ **ASSENTED TO BY:**

Date _____

Signature of Attorney or Self-represented Party

(Court Use Only)

FOR REASSIGNMENT OUT BY THE ASSIGNED JUDGE AFTER THE 10 DAY OBJECTION PERIOD

☐ **Approved (Docket code: FLSRA)**

☐ **Denied (Docket code: FL SRD)**

Date _____

Date must be after the 10 day objection period.

Assigned Judge