

**JOINT PETITION/MOTION  
TO CHANGE A**

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

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

JUDGMENT       TEMPORARY ORDER

**IN THE MATTER OF:**

\_\_\_\_\_ Division

\_\_\_\_\_ and \_\_\_\_\_

and

\_\_\_\_\_ (Party A)

\_\_\_\_\_ (Party B)

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

\_\_\_\_\_ (Apt, Unit, No. etc.)

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

\_\_\_\_\_ (Apt, Unit, No. etc.)

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

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

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

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

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

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

Primary Phone: \_\_\_\_\_

Primary Phone: \_\_\_\_\_

**\*\*\*DO NOT LIST ANY IDENTIFYING INFORMATION IF IMPOUNDED BY ANY COURT\*\*\***

**If this request involves any issue that will affect your child(ren), you must complete #1, #2, #3, and #4 below. Otherwise, start at #4. See Rule 412 for additional requirements.**

1. We state the following: **(Please check one of the following.)**
  - Both the parties and child(ren) do not receive public assistance or owe a past-due child support debt to the Commonwealth.
  - A party or a child currently receives public assistance or owes a past-due child support debt assigned to the Commonwealth. **(If you check this box and you are changing child support or medical insurance, you must obtain the written assent from the Department of Revenue Child Support Enforcement Division prior to filing this pleading with the court. See page 2 of this form.)**
2. We have completed, signed and provided an Affidavit Disclosing Care or Custody Proceeding form.
3. We  know  do not know of a past or pending child welfare case, past or present Department of Children and Families (DCF) involvement or history of child abuse or neglect affecting either party or child(ren) in this or any other state or country. **(If you have any knowledge, you must provide all details in a signed separate Affidavit and provide a copy of any order issued by any court or agency.)**
4. We  have  have not participated in proceedings relating to domestic violence (c. 209A), a domestic relations protective order or a harassment order affecting either party or child(ren) in this or any other state or country. **(If you have, you must provide all details in a signed separate Affidavit and provide a copy of any order issued by any court.)**
5. The exact date of the judgment or temporary order we want to change is: **(List the exact date and provide a copy of the judgment or temporary order.)**
  - Date of judgment \_\_\_\_\_
  - Date of temporary order \_\_\_\_\_
6. We want the following part(s) of the judgment or temporary order changed: **(Check all that apply.)**
  - Child Support     Custody     Parenting Time     Health Insurance     Dental/Vision Insurance
  - Life Insurance     Alimony     Property Division     Other: \_\_\_\_\_

7. The Court should change the judgment or temporary order for the following reasons: **(List each reason separately. Please attach additional page(s) if necessary.)**

\_\_\_\_\_

\_\_\_\_\_

8. We have completed, signed, and provided an Agreement and a proposed Judgment/Temporary Order form (CJD 446). **(You may, but are not required to, use Agreement form (CJD 311).)**

9. We have provided the following additional forms which may be required by Rule 412:

Complete and accurate Financial Statements signed by each party, and counsel, if any, with supporting documentation, including any W-2 and 1099 forms *(required if financial issues are being changed)*.

A complete and accurate Child Support Guidelines Worksheet *(required if child support or any type of insurance is being changed)*

A proposed Child Support Findings for Deviation form *(required if child support is being changed and the parties deviate above or below the Guidelines amount)*

Other: \_\_\_\_\_

10. By filing this pleading we acknowledge that we are jointly asking the Court to change a judgment or temporary order of the Court. We further acknowledge that we have provided the Court with a signed, and if necessary, a notarized Agreement to reflect the new terms. We understand that the Court reserves the right to deny or modify our request or to schedule a hearing on this matter. If this request involves any issue that affects our child(ren), we acknowledge that we have a continuing duty to inform the Court of any court action in this or any other state that could affect our child(ren).

**We swear or affirm that the foregoing information is true and correct to the best of our knowledge and belief.**

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

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

\_\_\_\_\_  
(Signature of Party A)

\_\_\_\_\_  
(Signature of Party B)

Information on Attorney for Party A, if any

Information on Attorney for Party B, if any

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

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

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

\_\_\_\_\_  
(Apt, Unit, No. etc.)

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

\_\_\_\_\_  
(Apt, Unit, No. etc.)

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

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

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

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

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

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

Primary Phone #: \_\_\_\_\_

Primary Phone #: \_\_\_\_\_

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

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

Email: \_\_\_\_\_

Email: \_\_\_\_\_

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**Assent of the Department of Revenue Child Support Enforcement Division**

As the IV-D agency, the Massachusetts Department of Revenue's Child Support Enforcement Division (DOR) acknowledges that a named party and/or dependent child listed above is a current recipient of public assistance or owes past-due child support assigned to the Commonwealth and DOR assents to the joint request to change the proposed terms relating to child support and/or medical insurance.

Date \_\_\_\_\_

\_\_\_\_\_  
Authorized Signature of Department Official

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

Contact Phone #: \_\_\_\_\_