

Commonwealth of Massachusetts
The Trial Court
Probate and Family Court Department

_____ Division

Docket No. _____

Notice of Withdrawal of Limited Appearance

_____, Plaintiff/Petitioner

v.

_____, Defendant/Respondent

On a Complaint/Petition for _____ filed _____

Please enter my Withdrawal of Limited Appearance as attorney for _____,

the Plaintiff/petitioner/Defendant/Respondent in the above action. I certify that I have this day served notice of this Withdrawal on all counsel and all parties not represented by counsel.

Date

Type or Print Name

Signature of Attorney

Attorney Telephone Number

Attorney Address, Street

BBO No.

Attorney Address, City, State, Zip code

To the Party: If your address and/or telephone number has been IMPOUNDED, DO NOT provide it/them below. Instead, write IMPOUNDED on the address line below

Signature of Party

Type or Print Name of Party

Address (for the purpose of service)

Party Telephone Number

Address continued

Date