

MOTION TO WAIVE ATTENDANCE AT PARENT EDUCATION PROGRAM			Docket No. _____	Commonwealth of Massachusetts The Trial Court Probate and Family Court	
_____ First Name	_____ M.I.	_____ Last Name	_____ ,Plaintiff/ Petitioner	_____ Division	
V.					
_____ First Name	_____ M.I.	_____ Last Name	_____ ,Defendant/ Petitioner		

Now comes _____, the ☐ plaintiff ☐ defendant ☐ petitioner
(name of moving party)

in this divorce action who seeks this Honorable Court's permission to waive attendance at a Parent Education Program.

The reason for this request is:

☐ Requestor is ☐ incarcerated ☐ hospitalized ☐ in the military service of the United States or its allies

at _____ until _____.

☐ Requestor resides at _____
(street address)

(city or town) (state) (zip) (Country)

☐ Other _____

NOTICE OF HEARING

This Motion will be heard at the Probate & Family Court in _____
(City)

on _____
(month/day/year)

at _____
(time of hearing)

Signature of Attorney or Petitioner if pro se

Print Name

(Address) (Apt, Unit, No. etc.)

(City/Town) (State) (Zip)

Primary Phone #: _____

BBO No.: _____

The within Motion is ☐ **ALLOWED.**

The Court finds that attendance at a Parent Education program is not feasible at this time for this person. The mandatory attendance requirement may be met by using the *KidCare for Co-Parents* DVD. The DVD is available for purchase at www.parenteducationonline.com. Upon completion of the interactive components of the video, a Certificate of Program participation is to be provided to the Court.

The within Motion is ☐ **DENIED.**

A Parent Education program is to be attended as required by Probate and Family Court Standing Order 4-08.

Date _____

JUSTICE OF THE PROBATE AND FAMILY COURT

CERTIFICATE OF SERVICE

I hereby certify that I have served a copy of this motion upon:

(Name of party and address or name and address of attorney of record)

First Name

M.I.

Last Name

(Address)

(Apt, Unit, No. etc.)

(City/Town)

(State)

(Zip)

by ☐ delivery in hand on _____ at _____ ☐ a.m ☐ p.m

(date)

☐ mailing (postage paid) on _____

(date of mailing)

(Signature)