

Commonwealth of Massachusetts
The Trial Court
Probate and Family Court Department

Docket No. _____

Division _____

**MOTION FOR
WAIVER OF NOTICE TO
DEPARTMENT OF SOCIAL
SERVICES**

Plaintiff/Petitioner

V.

Defendant/Respondent

Now comes

Plaintiff Defendant Petitioner Respondent.

(name of moving party)

In this action who moves this Honorable Court as follows: That notice to and report from the Department of Social Services be waived. This is a step-parent adoption.

Date _____

(Signature of attorney or plaintiff, if pro se)

NOTICE OF HEARING
This motion will be heard at the Probate and Family Court

In _____
(city)

On _____
(month/day/year)

At _____
(time of hearing)

(Print name)

(Street address)

(City/Town)

(State)

(Zip)

Tel. No: _____

B.B.O. _____

The within motion is hereby **ALLOWED** **DENIED**

Date _____ JUSTICE OF THE PROBATE AND FAMILY COURT

Commonwealth of Massachusetts
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**MOTION FOR
WAIVER OF NOTICE TO
DEPARTMENT OF SOCIAL SERVICES**

Dated: _____

CERTIFICATE OF SERVICE

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

(name of party or attorney of record)

(Street address) (City/Town) (State) (Zip)

By delivery in hand _____ at _____ AM PM
(date of delivery) (time)

mailing (postage paid on) _____
(date of mailing)

(signature)