

Commonwealth of Massachusetts
The Trial Court
Probate and Family Court Department

Docket No. _____

Division _____

Plaintiff/Petitioner
V.

Defendant/Respondent

**MOTION TO
IMPOUND ADDRESS**

Now comes _____ Plaintiff Defendant Petitioner Respondent.
(name of moving party)

In this action who requests this Honorable Court as follows: To impound my address for the following reason(s) as stated on the attached affidavit.

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
The Trial Court
Probate and Family Court Department

Docket No.

Division _____

**MOTION TO
IMPOUND ADDRESS**

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 _____ (date of delivery) at _____ (time) AM PM

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

_____ (signature)