

REQUEST FOR ASSIGNMENT - TO BE USED FOR COMPLAINTS FOR CONTEMPT ONLY  
PLYMOUTH PROBATE AND FAMILY COURT  
FILL OUT COMPLETELY - PLEASE PRINT

Case or Docket Number: \_\_\_\_\_ at \_\_\_\_\_ Plymouth \_\_\_\_\_ Brockton

Plaintiff: \_\_\_\_\_

Defendant: \_\_\_\_\_

Nature of Action: FOR CONTEMPT HEARINGS ONLY

**CONTESTED ISSUES:**

\_\_\_\_\_ Child Support/Alimony arrears      \_\_\_\_\_ Visitation  
\_\_\_\_\_ Real or Personal Property issues      \_\_\_\_\_ Health insurance/medical bills  
\_\_\_\_\_ Other - please specify: \_\_\_\_\_

**REASON FOR ASSIGNMENT OF CONTEMPT CASE FOR FURTHER HEARING:**

\_\_\_\_\_ Review of compliance with a stipulation or agreement  
\_\_\_\_\_ Continuance requested to negotiate or present agreement  
\_\_\_\_\_ Continuance requested for counsel to be present  
\_\_\_\_\_ Capias returned and continued for hearing  
\_\_\_\_\_ Hearing with testimony required - TIME ESTIMATE: \_\_\_\_\_  
\_\_\_\_\_ Review or adjustment of arrears  
\_\_\_\_\_ Other - Please specify \_\_\_\_\_

Has this Complaint for Contempt been mediated by the Family Service Office?      \_\_\_\_\_ YES      \_\_\_\_\_ NO

Has there been a suspended jail sentence on this Complaint for Contempt?      \_\_\_\_\_ YES      \_\_\_\_\_ NO

Is the Department of Revenue involved in this Case?      \_\_\_\_\_ YES      \_\_\_\_\_ NO

All persons are entitled to access all court programs, activities, and services without regard to disability. If you need to request an accommodation, including the use of an elevator, check YES and contact the Trial Assignment Supervisor at (508) 747-6204 ext 206.      \_\_\_\_\_ YES      \_\_\_\_\_ NO

NOTE: time estimate must be completed if contested hearing is requested

**REQUESTED BY:**

**OPPOSING COUNSEL:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of Person filing this request: \_\_\_\_\_ Date: \_\_\_\_\_