

COMMONWEALTH OF MASSACHUSETTS  
THE TRIAL COURT  
PROBATE AND FAMILY COURT

\_\_\_\_\_, ss  
(County)

Docket No. \_\_\_\_\_

\_\_\_\_\_, )  
Plaintiff )  
v. )  
\_\_\_\_\_, )  
Defendant )

PLAINTIFF'S MOTION FOR AN ORDER THAT DEFENDANT PAY A REASONABLE AMOUNT TOWARD PLAINTIFF'S COST OF RETAINING AN ATTORNEY

I, \_\_\_\_\_ (Plaintiff's printed name), Plaintiff in this case, respectfully move that this Court order the Defendant to pay forthwith, a reasonable amount toward the cost of my retaining an attorney to represent me in this divorce case.

My reasons, advanced in good faith, are as follows:

1. I have filed a Complaint for Divorce.
2. I intend in good faith to proceed with this Complaint.
3. I do not have an attorney to represent me.
4. I believe that each of the following issues will need to be resolved:
  - The grounds for divorce stated in my Complaint for Divorce
  - Custody of the minor child(ren)
  - Visitation with the minor child(ren)
  - Child support
  - Alimony
  - Division of our marital property and/or debts
  - Medical insurance and expenses
  - Tax exemptions and/or other tax issues
  - Other issues: \_\_\_\_\_
5. I do not have sufficient funds to retain an attorney.

6. I believe that the Defendant has sufficient income and/or assets to contribute a reasonable amount for me to retain an attorney to represent me in this case.
7. To retain an attorney to represent me in this case, I believe that I will need \$ \_\_\_\_\_, or, in the alternative, a reasonable amount to be determined by the Court.

I certify that each of the above statements is true.

For the above reasons, I ask that this honorable Court order the Defendant to pay into the Court the sum of \$ \_\_\_\_\_ or a reasonable amount to be determined by the Court as an allowance for me to retain an attorney.

\_\_\_\_\_  
Signature and printed name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Telephone number

**NOTICE CONCERNING FINANCIAL STATEMENTS**

Each party is required to file and provide the other party with a complete, accurate and sworn Financial Statement no less than two business days prior to the hearing on this Motion, the date and time of which are set forth below.

**CERTIFICATE OF SERVICE and NOTICE OF MOTION**

I certify that on the date listed below I mailed, postage prepaid, a copy of this MOTION, my FINANCIAL STATEMENT, and a blank FINANCIAL STATEMENT Form to:

Name of Defendant/Defendant's attorney: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

This Motion will be heard on: \_\_\_\_\_ (date) at \_\_\_\_\_ (time)

at the Probate and Family Court in \_\_\_\_\_, MA  
Name of city/town

Signed and dated:

\_\_\_\_\_  
Date

\_\_\_\_\_  
Plaintiff