

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

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)