| MOTION TO WAIVE ATTENDANCE AT PARENT EDUCATION PROGRAM | Docket No. | Commonwealth of Massachusetts<br>The Trial Court<br>Probate and Family Court |
|---|---|---|

**Division**

_____ First Name  ____ M.I  _____ Last Name  **,Plaintiff/Petitioner**

v.

_____ First Name  ____ M.I  _____ Last Name  **,Defendant/Petitioner**

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 _____

<table>
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**NOTICE OF HEARING**

This Motion will be heard at the Probate & Family Court in _____
(City)

on _____
(month/day/year)

at _____
(time of hearing)

</td><td>

_____
Signature of Attorney or Petitioner if pro se

_____
Print Name

_____ _____
(Address)                                    (Apt, Unit, No. etc.)

_____ _____ _____
(City/Town)                          (State)        (Zip)

Primary Phone #: _____

BBO No.: _____

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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:

| First Name | M.I | Last Name |

(Name of party and address or name and address of atorney of record)

| (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)