



FAMILY COURT

SUMMONS – COMPLAINT FOR DIVORCE OR DIVORCE FROM BED AND BOARD

	Civil Action File Number	Case Type
Plaintiff	Attorney for the Plaintiff	
v.	Address of the Plaintiff's Attorney or the Plaintiff	
Defendant	Address of the Defendant	

TO THE ABOVE-NAMED DEFENDANT:

You are hereby summoned and required to serve upon the Plaintiff or the Plaintiff's attorney, whose name and address appears above, an answer to the complaint which is herewith served upon you. **Under the Rhode Island Family Court Rules of Domestic Relations Procedure, your answer must be in writing and filed with the court within twenty (20) days after service of this Summons, complaint, Language Assistance Notice, and all other required documents, exclusive of the date of service.** A copy of your answer should also be forwarded to the Plaintiff's attorney. Failure to answer may result in a judgment by default against you for the relief requested in the complaint. Under the Family Court Rules of Domestic Relations Procedure, your answer must state as a counterclaim any related claim you may have against the Plaintiff. Failure to do so may prohibit you from making such claim in any other action.

TO THE ABOVE-NAMED DEFENDANT	APPEARANCE DATE	TIME
You are hereby ordered to appear at the court location listed above for the following hearings:		
Motion Hearing		
Nominal Hearing		
Case Status Hearing		
<input type="checkbox"/> NOTICE OF AUTOMATIC ORDERS ATTACHED		
<input type="checkbox"/> APPLICABLE IF CHECKED – MOTION		
You are also notified that a hearing on the attached motion will be held at the time, date, and place shown above. Court orders may be entered as a result of that hearing that may affect your person or property.		
<input type="checkbox"/> APPLICABLE IF CHECKED – EX PARTE ORDER		
You are notified that the court has already issued orders pending the hearing as set forth in the attached Ex Parte Order.		

This Summons was generated on	/s/ Ronald J. Pagliarini Administrator/Clerk
-------------------------------	---

If you need language assistance, please contact the Office of Court Interpreters at (401) 222-8710 or by email at interpreterfeedback@courts.ri.gov before your court appearance.

* If an accommodation for a disability is necessary, please contact the Family Court Clerk's Office at the telephone number listed above as soon as possible. TTY users can contact the Family Court through Rhode Island Relay at 7-1-1 or 1-800-745-5555 (TTY) to voice number.

Witness the seal/watermark of the Family Court

**FAMILY COURT
PROOF OF SERVICE**

v. Plaintiff Defendant	Civil Action File Number _____ _____
--	---

PROOF OF SERVICE

I hereby certify that on the date below I served a copy of this Summons, complaint, Language Assistance Notice, and all other required documents received herewith upon the above-named Defendant by delivering or leaving said papers in the following manner:

- With the Defendant personally.
- By alternate service as ordered by the court:

- I was unable to make service after the following reasonable attempts: _____
- _____

SERVICE DATE: ____ / ____ / ____ Month Day Year	SERVICE FEE \$ _____
--	----------------------

Signature of SHERIFF or DEPUTY SHERIFF or CONSTABLE _____

SIGNATURE OF PERSON OTHER THAN A SHERIFF or DEPUTY SHERIFF or CONSTABLE MUST BE NOTARIZED.

Signature _____

State of _____

County of _____

On this _____ day of _____, 20____, before me, the undersigned notary public, personally appeared _____ personally known to the notary or proved to the notary through satisfactory evidence of identification, which was _____, to be the person who signed above in my presence, and who swore or affirmed to the notary that the contents of the document are truthful to the best of his or her knowledge.

Notary Public: _____

My commission expires: _____

Notary identification number: _____