

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS FAMILY COURT

SUMMONS

FOR: (CHECK ONE)

- COMPLAINT FOR DIVORCE
 COMPLAINT FROM BED & BOARD

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|---|--|-------------------------|
| County | THIS FORM MUST BE PRESENTED IN DUPLICATE FOR PROCESSING COMPLAINT, MOTION AND ORDERS ATTACHED | Civil Action – File No. |
| Plaintiff _____ vs. Defendant | Plaintiff's Attorney (Name, Address, Zip, and Phone No.) | |

TO THE ABOVE NAMED DEFENDANT
 You are hereby summoned to answer the attached Complaint. Under the Rhode Island Rules of Domestic Relations procedure, your answer must be in writing and filed with the Court within 20 days after the day you received the Summons, not including the day of receipt. A copy of your answer should also be forwarded to the plaintiff's attorney. Failure to answer may result in a judgement by default against you for the relief requested in the Complaint. Under the rules of procedure, your answer must state as a counterclaim you may have against the plaintiff. Failure to do so may prohibit you from making such a claim in any other action.

| | |
|--|-------|
| TIME, DATE AND PLACE OF HEARING | |
| Family Court Address: One Dorrance Plaza, Providence, RI 02903 | |
| Motion Date: | Time: |
| Nominal Date: | Time: |
| Case Management Conference Date: | Time: |

| |
|---|
| NOTICE OF AUTOMATIC ORDERS ATTACHED |
| MOTION |
| <input type="checkbox"/> APPLICABLE IF CHECKED 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. |

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|---|
| EX PARTE ORDER |
| <input type="checkbox"/> APPLICABLE IF CHECKED You are also notified that the court has already issued orders pending the hearing as set forth in the attached Ex Parte Order. |

| | |
|---------------|---------|
| Date Issued : | Clerk : |
|---------------|---------|

PROOF OF SERVICE

On the date below I served a copy of the Document and Attachments if any, as follows:

- Personally to (NAME-PRINT) _____
- Personally at (ADDRESS-PRINT) _____
- Alternate Service (DESCRIBE) _____

For service by the Sheriff/Deputy Sheriff

| | |
|------|---------------------------|
| DATE | SHERIFF DEPUTY SIGNATURE |
| | SHERIFF DEPUTY PRINT NAME |

For service by a Constable or other person

| | |
|------|--------------------------------------|
| DATE | CONSTABLE OR OTHER PERSON SIGNATURE |
| | CONSTABLE OR OTHER PERSON PRINT NAME |

Signature of Constable or other person must be notarized

| | | |
|---|-------|--------------------------|
| PRINT NAME | | |
| <input type="checkbox"/> CONSTABLE | | |
| <input type="checkbox"/> OTHER PERSON I swear that I made service as checked off above. | | |
| DATE | PLACE | NOTARY PUBLIC SIGNATURE |
| | | NOTARY PUBLIC PRINT NAME |

If accommodation for a disability is necessary, please contact the Domestic Clerk's Office at (401) 458-3200(v), (401) 458-5275 (tty) or through Relay Rhode Island at 1-800-745-5555 (tty) as soon as possible.