STATE OF RHODE ISLAND

FAMILY COURT

COMPLAINT

☐ FOR DIVORCE ☐ FOR DIVORCE FROM BED AND BOARD

Plaintiff	**Civil Action File Number**
Defendant	

☐ Murray Judicial Complex Newport County 45 Washington Square Newport, Rhode Island 02840-2913 (401) 841-8340	☐ Noel Judicial Complex Kent County 222 Quaker Lane Warwick, Rhode Island 02886-0107 (401) 822-6725
☐ McGrath Judicial Complex Washington County 4800 Tower Hill Road Wakefield, Rhode Island 02879-2239 (401) 782-4111	☐ Garrahy Judicial Complex Providence/Bristol County One Dorrance Plaza Providence, Rhode Island 02903-2719 (401) 458-3200

1. The Plaintiff, _____, of _____ (city or town), in the County of _____, states that the Plaintiff has been a domiciled inhabitant of Rhode Island and has resided therein for more than one (1) year next before filing this Complaint and is now a domiciled inhabitant of Rhode Island.

2. Upon information and belief, the Defendant resides in the city or town of _____ in the State of _____ and has resided in that state for _____ years next before filing this Complaint.

3. The Plaintiff states that the Plaintiff was lawfully married to the Defendant in the State of _____ on the _____ day of _____, _____.

4. The ground(s) for divorce is as follows: _____ _____.

5. The minor children, if any, of the parties are set forth in the Statement Listing Children attached hereto as Attachment ____ to this Complaint.

STATE OF RHODE ISLAND

FAMILY COURT

6. The Plaintiff has no knowledge of the pendency of other actions between the parties seeking divorce, separation, custody, or other relief, or a complaint of abuse, except for the following: _____
_____
_____.

7. WHEREFORE, the Plaintiff demands that the Family Court enter a judgment divorcing the Plaintiff from the bond of marriage, and _____
_____.

☐ I HEREBY REQUEST THAT THIS MATTER BE PLACED ON THE "NOMINAL TRACK" CALENDAR.

☐ I HEREBY REQUEST THAT THIS MATTER BE PLACED ON THE "CONTESTED" TRACK CALENDAR.

Name of the Plaintiff _____	
Signature of the Plaintiff _____	
Address:	
Telephone Number:	Date:

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: _____

STATE OF RHODE ISLAND

FAMILY COURT

ATTORNEY CERTIFICATE

/s/ _____ Attorney for the Plaintiff	Rhode Island Bar Number: Date:
Office Telephone Number:	