

**REQUEST FOR
DEFAULT JUDGMENT**

Docket No.:

Division:

**Trial Court of Massachusetts
District Court Department**

Plaintiff's Name, Address, Zip Code and Phone

Defendant's Name, Address, Zip Code and Phone

REQUEST FOR DEFAULT JUDGMENT

(Mass R. Civ P. 55(b)(3))

I, _____, the undersigned, request that default judgment be entered against the defendant(s) _____ in the amount of \$ _____ together with interest in the sum of \$ _____ with costs and affirm that:

1. The total amount due the plaintiff(s), exclusive of costs in his claim against the defendant, is \$ _____.
2. The defendant is not an infant or incompetent person.
3. The defendant is not in the military service of the United States or its Allies, as defined in the Servicemembers Civil Relief Act as evidenced by the following facts:

DATE: _____

Signature: _____

Name: _____

Attorney for: _____

Address: _____

Telephone: _____

Execution Requested