

<b>AFFIDAVIT DISCLOSING CARE OR CUSTODY PROCEEDING</b> <b>Pursuant to Trial Court Rule IV</b>		<b>TRIAL COURT OF MASSACHUSETTS</b> Name of Case _____			<b>DOCKET NUMBER</b>  																								
BMC Division _____		District Court Division _____		Juvenile Court Division _____		Prob & Family Court Division _____		Superior Court Division _____																					
<b>Section 1</b>	I, _____ hereby declare, to the best of my knowledge, information, and belief that all information on this form is true and complete:																												
<b>Section 2</b>	The name(s) of the child(ren) whose care or custody is at issue in this case are: A. _____ (LAST, FIRST)      B. _____ (LAST, FIRST)      C. _____ (LAST, FIRST) Use only the letter appearing in front of the child's name above when referring to the child in completing the remaining sections.																												
<b>Section 3</b>	The party filing this affidavit may request certain addresses to be kept confidential if the address is a shelter for battered persons and their dependent child(ren), <b>or</b> the party filing this affidavit believes that he/she or the child(ren) are in danger of physical or emotional abuse, <b>or</b> the party is filing an action under G.L. c. 209A. <b>If you believe that this provision applies to you, check the box at right, complete sections 10 and 11 on the reverse side of this page and DO NOT complete sections 4 and 5 below.</b>								<input type="checkbox"/>																				
<b>Section 4</b>	The address(es) of the above-named child(ren) whose care and custody is at issue in this case is/are: Address(es): CHILD A _____ Address(es) During the Last 2 Years, if Different _____ CHILD B _____ CHILD C _____																												
<b>Section 5</b>	My address is: _____																												
<b>Section 6</b>	I <input type="checkbox"/> have <input type="checkbox"/> have not participated in and I <input type="checkbox"/> know <input type="checkbox"/> do not know of other care or custody proceedings involving the above-named child(ren) in Massachusetts or in any state or country.																												
Certified copies of any pleadings or determinations in care a or custody proceeding outside of Massachusetts listed in Sections 7 and 8 must be filed with this affidavit unless already filed with this court or an extension for filing these documents has been granted by this court.																													
<b>Section 7</b>	The following is a list of all pending or concluded proceedings I have participated in or know of involving the care or custody of the above-named child(ren): <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Letter of Child</th> <th style="text-align: left;">Court</th> <th style="text-align: left;">Docket No.</th> <th style="text-align: left;">Status</th> <th style="text-align: left;">[W]itness [P]arty [O]ther [N]one</th> </tr> </thead> <tbody> <tr> <td>CHILD _____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td style="text-align: center;">[ ]</td> </tr> <tr> <td>CHILD _____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td style="text-align: center;">[ ]</td> </tr> <tr> <td>CHILD _____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td style="text-align: center;">[ ]</td> </tr> </tbody> </table>									Letter of Child	Court	Docket No.	Status	[W]itness [P]arty [O]ther [N]one	CHILD _____	_____	_____	_____	[ ]	CHILD _____	_____	_____	_____	[ ]	CHILD _____	_____	_____	_____	[ ]
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CHILD _____	_____	_____	_____	[ ]																									
CHILD _____	_____	_____	_____	[ ]																									
<b>Section 8</b>	The names and addresses of parties to care or custody proceedings involving any of the above-named child(ren) or those claiming a legal right to these child(ren) during the last two years (not including myself) are: <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Letter of Child</th> <th style="text-align: left;">Name of Party/Claimant</th> <th style="text-align: left;">Current (or last known) Address of Party/Claimant</th> </tr> </thead> <tbody> <tr> <td>CHILD _____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>CHILD _____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>CHILD _____</td> <td>_____</td> <td>_____</td> </tr> </tbody> </table>									Letter of Child	Name of Party/Claimant	Current (or last known) Address of Party/Claimant	CHILD _____	_____	_____	CHILD _____	_____	_____	CHILD _____	_____	_____								
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CHILD _____	_____	_____																											
<b>Section 9</b>	If the box at the right is checked, this affidavit discloses the adoption of one or more of the above-named child(ren) and I am requesting the court to impound this affidavit. See instructions.								<input type="checkbox"/>																				
This affidavit must be personally signed by the party listed in section 1 above, unless he/she is under 18 years of age or has been adjudged incompetent in which case the attorney of record must sign. A revised affidavit must be filed with the court if new information is discovered subsequent to this filing.																													
Signed this _____ day of _____, 20____ under the penalties of perjury.																													
X _____ <small>SIGNATURE OF PARTY OR ATTORNEY OF RECORD FOR JUVENILE/INCOMPETENT</small>																													
_____ <small>PRINTED NAME OF PERSON SIGNING</small>																													
_____ <small>ADDRESS OF ATTORNEY OF RECORD FOR JUVENILE/INCOMPETENT</small>																													
<b>THE PARTY FILING THIS AFFIDAVIT MUST FURNISH A COPY OF IT TO ALL OTHER PARTIES TO THIS ACTION.</b>																													

The party filing this affidavit may request certain address(es) to be kept confidential if the address is a shelter for battered persons and their dependent child(ren), **or** the party filing this affidavit believes that he/she or the child(ren) are in danger of physical **or** emotional abuse, **or** the party is filing an action under G.L. c. 209A. **If you checked the box in section 3 indicating that you believe the above provision applies to you, complete sections 10 and 11 below, and DO NOT complete sections 4 and 5.**

<b>Section 10</b>	The address(es) of the child(ren) listed in section 2 whose care or custody is at issue in this case are:		
	<b>Child(ren)</b>	<b>Address(es)</b>	<b>Address(es) During Last 2 Years, If Different</b>
	<b>Child A.</b>	_____	_____
		Street Address	
		_____	_____
		City, State, Zip Code	
	<b>Child B.</b>	_____	_____
		Street Address	
		_____	_____
		City, State, Zip Code	
	<b>Child C.</b>	_____	_____
		Street Address	
		_____	_____
		City, State, Zip Code	

<b>Section 11</b>	My address is: _____ <div style="text-align: center; font-size: small;">Street Address, City, State, Zip Code</div>
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<b>Section 12</b>	<b>LIST OF ATTORNEYS AND GUARDIANS AD LITEM/INVESTIGATORS</b>	
	Please list the names of all attorneys and guardians ad litem involved in the pending proceedings listed in section 7.	
	1.	_____
		Attorney(s) for child(ren). (Please specify if each child is represented by a different attorney.)
		_____
		_____
	2.	_____
		GAL(s)/Investigator(s) (Please indicate if a GAL has been appointed to represent a specific child.)
		_____
		_____
3.	_____	
	Attorney(s) for ] ad^} of	
	_____	
4.	_____	
	Attorney(s) for ] ad^} of	
(Fill Out Below If Applicable)		
I, _____, attorney for D.C.F. or its agent have ascertained from the above checked off attorney(s) and guardian(s) ad litem/investigators a willingness to accept an appointment from the court to represent the same party should the court elect to make such appointment.		
_____ (Signature)		