

AFFIDAVIT DISCLOSING CARE OR CUSTODY PROCEEDING Pursuant to Trial Court Rule IV		TRIAL COURT OF MASSACHUSETTS Name of Case _____			DOCKET NUMBER 																								
BMC Division _____		District Court Division _____		Juvenile Court Division _____		Prob & Family Court Division _____		Superior Court Division _____																					
Section 1	I, _____ hereby declare, to the best of my knowledge, information, and belief that all information on this form is true and complete:																												
Section 2	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.																												
Section 3	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), 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 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.								<input type="checkbox"/>																				
Section 4	The address(es) of the above-named child(ren) whose care and custody is at issue in this case is/are: Address(es): _____ Address(es) During the Last 2 Years, if Different _____ CHILD A _____ CHILD B _____ CHILD C _____																												
Section 5	My address is: _____																												
Section 6	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.																													
Section 7	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="width: 15%;">Letter of Child</th> <th style="width: 20%;">Court</th> <th style="width: 20%;">Docket No.</th> <th style="width: 20%;">Status</th> <th style="width: 25%;">[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 _____	_____	_____	_____	[]																									
CHILD _____	_____	_____	_____	[]																									
Section 8	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="width: 20%;">Letter of Child</th> <th style="width: 30%;">Name of Party/Claimant</th> <th style="width: 50%;">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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Section 9	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>																													
THE PARTY FILING THIS AFFIDAVIT MUST FURNISH A COPY OF IT TO ALL OTHER PARTIES TO THIS ACTION.																													

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.**

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

Section 11	My address is: _____ Street Address, City, State, Zip Code
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Section 12	LIST OF ATTORNEYS AND GUARDIANS AD LITEM/INVESTIGATORS	
	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)		
<p>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.</p>		
_____ (Signature)		