

**CHILD CARE OR CUSTODY DISCLOSURE AFFIDAVIT  
(Trial Court Rule IV)**

G.L. c. 119 (except delinquency actions under G.L. c. 119), G.L. c. 190B, G.L. c. 207,  
G.L. c. 208, G.L. c. 209, G.L. c. 209A, G.L. c. 209B, G.L. c. 209C, G.L. c. 210

**Massachusetts  
Trial Court**



COURT DEPARTMENT (Select only one court.)

- ☐ Boston Municipal Court ☐ District Court  
☐ Juvenile Court ☐ Probate & Family Court  
☐ Superior Court

COURT DIVISION OR COUNTY

DOCKET NUMBER

CASE NAME:

**Important Instructions to Read Before Completing this Affidavit Form**

**Use this form if you are asking the court to make any orders in a case involving a child (a person under the age of 18). You must fill in and file this form.**

This form is an Affidavit, which is a sworn statement. **You are telling the court about any other case(s) involving the child(ren) in this case, open or closed, in any court in Massachusetts, another state, or in a foreign country.**

You must file this form with the Clerk or Register of Probate when you file a petition or a complaint. You must also file this form when you respond to a case for the first time. If more than one person is on a petition or complaint, each person must separately fill out and file this form.

You must give a copy to any other parties. "Parties" are persons taking part in your case.

**You must sign this form yourself.** But, if you are under the age of 18 or a court finds you to be unable to do so (legally incompetent), your attorney will sign for you.

If not yet on file with this Court, you must give this Court certified copies of any documents, judgments, or orders from courts outside of Massachusetts that involve any child(ren) in this case. If you need help getting this information, please ask the court staff.

(Check one box below.)

- ☐ I am a party in this case. My name is: \_\_\_\_\_ . I am filing this Affidavit for myself.  
(Party's First and Last Name)
- ☐ I am an attorney filing this Affidavit for, \_\_\_\_\_, who is under the age of 18 or incompetent.  
(Party's First and Last Name)

List the legal names of any child(ren) whose care or custody is/are at issue in this case. All future references to the child(ren) listed in this section should be with the letter in front of the child's name. (For example: If you list "Jane Doe" next to "CHILD A," all other references to "Jane Doe" in this Affidavit will be to "CHILD A.")

The name(s) of the child(ren) whose care or custody is/are at issue in this case is/are:

CHILD A. \_\_\_\_\_  
(First and Last Name)

CHILD B. \_\_\_\_\_  
(First and Last Name)

CHILD C. \_\_\_\_\_  
(First and Last Name)

CHILD D. \_\_\_\_\_  
(First and Last Name)

If you need more space for more children's names, use and attach the **Supplemental Child Care or Custody Disclosure Affidavit** form. If needed, ask court staff for the Supplemental Affidavit form for you to fill in and file.

☐ Check this box if there are more children not listed above. You must include the Supplemental Affidavit form.

**You may ask to keep certain addresses confidential (and from the public).** You can ask for this if the address is a domestic violence shelter. Or, if you believe that you or the child(ren) are in danger of physical or emotional abuse. Or, if you are filing an action under G.L. c. 209A (Abuse Prevention/Restraining Order). Check one of these three boxes:

- ☐ The above APPLIES to me. I would like to request that the court keep certain addresses confidential. I will file a **Motion for Impoundment** form for the court to review. I will wait to give address information until the court decides on my Motion for Impoundment.
- ☐ The above DOES NOT apply to me. But, the Affidavit discloses the adoption of one or more child(ren). I would like to request that the court keep certain addresses confidential. I will file a **Motion for Impoundment** form for the court to review. I will wait to give address information until the court decides on my Motion for Impoundment.
- ☐ The above DOES NOT apply to me. I will fill in the required section below.

List the address(es) of the above-named child(ren) **for the last two years:**

CHILD A	Current Address:	From _____ to present.	Adult(s) the child lives with:  Relationship to child:
	Previous Address:	From _____ to _____	Adult(s) the child lived with:  Relationship to child:
CHILD B  <input type="checkbox"/> Check if same information as "CHILD A"	Current Address:	From _____ to _____	Adult(s) the child lives with:  Relationship to child:
	Previous Address:	From _____ to _____	Adult(s) the child lived with:  Relationship to child:
CHILD C  <input type="checkbox"/> Check if same information as "CHILD ____"	Current Address:	From _____ to _____	Adult(s) the child lives with:  Relationship to child:
	Previous Address:	From _____ to _____	Adult(s) the child lived with:  Relationship to child:
CHILD D  <input type="checkbox"/> Check if same information as "CHILD ____"	Current Address:	From _____ to _____	Adult(s) the child lives with:  Relationship to child:
	Previous Address:	From _____ to _____	Adult(s) the child lived with:  Relationship to child:

**The party filing this Affidavit must tell the court about any other care or custody proceedings (cases), open or closed, involving the above-named child(ren). These cases can be in Massachusetts or in any other state, territory, or foreign country. Choose **one** of the statements below:**

- ☐ I have **not** taken part in, and I **do not** know of, other cases involving the above-named child(ren).
- ☐ I have **not** taken part in them, but I **do** know of other cases involving the above-named child(ren). I will list information about all open or closed cases below.
- ☐ I **have** taken part in other cases involving the above-named child(ren). I will list information about all open or closed cases below. I will list my involvement as: a Party (a person who has direct legal interest), a Witness (a person who provides information in court), or Other (did not directly take part in court).

	Court Department	Case Type/Docket No.	Open/Closed	Party/Witness/Other
CHILD	___	_____	_____	_____
CHILD	___	_____	_____	_____
CHILD	___	_____	_____	_____
CHILD	___	_____	_____	_____

Were any attorneys, *guardians ad litem* (GALs), probation officers, court investigators, or court evaluators appointed in any care or custody proceeding (case) for any child(ren) listed? If "Yes," provide that information below.

	Person(s) appointed?	Name and Title of Person(s) Appointed (if known)
CHILD A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do Not Know	_____
CHILD B	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do Not Know	_____
CHILD C	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do Not Know	_____
CHILD D	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do Not Know	_____

List any other party involved in the last two years in a care or custody case involving any of the above-named child(ren). This includes a Child Requiring Assistance (CRA) matter. (For example, list any other person(s) who can claim a legal right to custody or physical custody/possession of any of the above-named child(ren).) Include addresses, if known.

	Name of Party	Current (or last known) Address of Party
CHILD	___	_____
CHILD	___	_____
CHILD	___	_____
CHILD	___	_____

#### PARTY CONTACT INFORMATION

PRINT CLEARLY OR TYPE YOUR FULL NAME		RESIDENTIAL (HOME) ADDRESS	
PRIMARY PHONE NUMBER	EMAIL ADDRESS		

**I signed this Affidavit under the penalty of perjury. I now declare that, to the best of my knowledge, all the information in this Affidavit is true and complete.** I must file a new updated Affidavit if I find any new information or if I learn of any new custody cases that start after I file this Affidavit with the court.

SIGNATURE	DATED
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☐ Check this box and fill in below if you are an attorney signing this Affidavit for the party above. The party is under the age of 18 or incompetent.

ATTORNEY NAME	ATTORNEY SIGNATURE	DATED	BBO OR STATE BAR NUMBER
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