

<b>COMPLAINT FOR CUSTODY-SUPPORT-PARENTING TIME PURSUANT TO G. L. c. 209C</b>			Docket No.	<b>Commonwealth of Massachusetts The Trial Court Probate and Family Court</b>
_____ First Name    M.I.    _____ Last Name ,Plaintiff  v.  _____ First Name    M.I.    _____ Last Name ,Defendant			_____ Division	

1. Plaintiff, who resides at \_\_\_\_\_, is  
(Address) (Apt, Unit, No. etc.) (City/Town) (State) (Zip)
- ☐ the ☐ mother ☐ father of a child born out of wedlock.
- ☐ a child born out of wedlock.
- ☐ the ☐ guardian ☐ custodian of a child born out of wedlock.
- ☐ the ☐ parent ☐ personal representative of the ☐ mother ☐ father of a child born out of wedlock.
- Plaintiff is: ☐ Department of Children and Families ☐ an agency licensed under G. L. c. 28A ☐ Department of Revenue
2. The child who is the subject of this complaint is:
- \_\_\_\_\_  
First Name M.I. Last Name Current age Date of Birth
- \_\_\_\_\_  
(Address) (Apt, Unit, No. etc.) (City/Town) (State) (Zip)
3. Defendant, who resides at \_\_\_\_\_, is  
(Address) (Apt, Unit, No. etc.) (City/Town) (State) (Zip)
- is the ☐ mother ☐ father of the above-named child who was born out of wedlock.
4. The plaintiff and defendant are not married.
5. The mother of the child was not married at the time of the child's birth and was not married within three hundred days before the birth of the child.
6. The ☐ plaintiff ☐ defendant ☐ signed a voluntary acknowledgement of paternity ☐ was adjudicated the father on \_\_\_\_\_, a copy of which is attached to this complaint.  
(date)
7. Wherefore, plaintiff requests that the Court:
- ☐ order a suitable amount of support for the child.
- ☐ order the ☐ plaintiff ☐ defendant to ☐ maintain ☐ provide health insurance for the benefit of the child.
- ☐ prohibit the defendant from imposing any restraint on the personal liberty of the ☐ plaintiff and/or ☐ the child.
- ☐ grant the ☐ plaintiff ☐ defendant custody of the child.
- ☐ grant the ☐ plaintiff ☐ defendant parenting time with the child.
- ☐

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Attorney or Plaintiff, if pro se

Signature of Attorney or Plaintiff, if pro se

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(Print name)

(Address)

(Apt. Unit. No. etc.)

(City/Town)

(State)

(Zip)

Primary Phone #:

B.B.O. #

# AFFIDAVIT OF INDIGENCY

AND REQUEST FOR WAIVER, SUBSTITUTION  
OR STATE PAYMENT OF FEES & COSTS

(Note: If you are **currently confined in a prison or jail** and are not seeking immediate release under G.L. c. 248 §1, but you are suing correctional staff and wish to request court payment of "normal" fees (for initial filing and service), **do not use this form**. Obtain separate forms from the clerk.)

_____		_____	
Court		Case Name and Number (if known)	
Name of applicant: _____			
Address: _____			
(Street and number)		(City or town)	(State and Zip)

**SECTION 1:** Under the provisions of General Laws, Chapter 261, Sections 27A-27G, I swear (or affirm) as follows:  
**I AM INDIGENT** in that (*check only one*):

☐ (A) I receive public assistance under (*check form of public assistance received*):

- |   |   |
|---|---|
| <input type="checkbox"/> Transitional Aid to Families with Dependent Children (TAFDC) | <input type="checkbox"/> Medicaid (MassHealth)              |
| <input type="checkbox"/> Emergency Aid to Elderly, Disabled or Children (EAEDC)       | <input type="checkbox"/> Supplemental Security Income (SSI) |
| <input type="checkbox"/> Massachusetts Veterans Benefits Programs; <b>or</b>          |   |

(B) My income, less taxes deducted from my pay, is \$ \_\_\_\_\_ per ☐ week ☐ biweekly ☐ month ☐ year  
(*check the period that applies*) for a household of \_\_\_\_\_ persons, consisting of myself and \_\_\_\_\_ dependents;  
which income is at or below the court system's poverty level; (*Note: The court system's poverty levels for households of various sizes must be posted in this courthouse. If you cannot find it, ask the clerk or check online at:*  
*<https://www.mass.gov/doc/poverty-threshold-guidelines/download>. The court system's poverty level is updated each year.*)(List any other available household income for the checked period on this line: \$ \_\_\_\_\_ ); **or**

(C) I am unable to pay the fees and costs of this proceeding, or I am unable to do so without depriving myself or my dependents of the necessities of life, including food, shelter and clothing.

IF YOU CHECKED (C), YOU MUST ALSO COMPLETE THE SUPPLEMENT TO THE AFFIDAVIT OF INDIGENCY.

**SECTION 2:** *(Note: In completing this form, please be as specific as possible as to fees and costs known at the time of filing this request. A supplementary request may be filed at a later time, if necessary.)*

I request that the following **NORMAL FEES AND COSTS** be waived (not charged) by the court, or paid by the state, or that the court order that a document, service or object be substituted at no cost (or a lower cost, paid for by the state): *(Check all that apply and, in any "\$ \_\_\_\_" blank, indicate your best guess as to the cost, if known.)*

- ☐ Filing fee and any surcharge. \$ \_\_\_\_\_
- ☐ Filing fee and any surcharge for appeal. \$ \_\_\_\_\_
- ☐ Fees or costs for serving court summons, witness subpoenas or other court papers. \$ \_\_\_\_\_
- ☐ Other fees or costs of \$ \_\_\_\_\_ for *(specify)*: \_\_\_\_\_
- ☐ Substitution *(specify)*: \_\_\_\_\_

**SECTION 3:** I request that the following **EXTRA FEES AND COSTS** either be waived (not charged), substituted or paid for by the state:

- ☐ Cost, \$ \_\_\_\_\_, of expert services for testing, examination, testimony or other assistance *(specify)*: \_\_\_\_\_
- ☐ Cost, \$ \_\_\_\_\_, of taking and/or transcribing a deposition of *(specify name of person)*: \_\_\_\_\_
- ☐ Cassette copies of tape recording of trial or other proceeding, needed to prepare appeal for applicant **not** represented by Committee for Public Counsel Services (CPCS-public defender).
- ☐ Appeal bond
- ☐ Cost, \$ \_\_\_\_\_, of preparing written transcript of trial or other proceeding
- ☐ Other fees and costs, \$ \_\_\_\_\_, for *(specify)*: \_\_\_\_\_
- ☐ Substitution *(specify)*: \_\_\_\_\_

Date signed	Signed under the penalties of perjury  x _____
<b>By order of the Supreme Judicial Court, all information in this affidavit is CONFIDENTIAL. Except by special order of a court, it shall not be disclosed to anyone other than authorized court personnel, the applicant, applicant's counsel or anyone authorized in writing by the applicant.</b>	
This form prescribed by the Chief Justice of the SJC pursuant to G.L. c. 261, § 27B. Promulgated March , 2003. Fillable PDF created August 2013.	



**4. If applicable:**

Parent Two, \_\_\_\_\_ ,  
First Name M.I. Last Name  
who resides at: \_\_\_\_\_ is,  
(Address) (Apt, Unit, No. etc.) (City/Town) (State) (Zip)

- ☐ the mother of Child who is the subject of the Complaint.  
☐ the father of Child who is the subject of the Complaint.  
☐ the deceased mother of Child who is the subject of the Complaint.  
☐ the deceased father of Child who is the subject of the Complaint.

Reunification with Parent Two is not a viable option for Child due to:

- ☐ abuse ☐ neglect ☐ abandonment or ☐ a similar basis under state law, namely:

(set forth legal standard, statutory law and/or case law)

5. Child is unmarried and under 21 years of age.
6. Child is dependent on the Court for his/her protection, well-being, health, and safety.
7. It is not in Child's best interest to return to \_\_\_\_\_ , the country of his/her and/or his/her  
Country  
parents' nationality or last habitual residence.
8. It is in the best interest of Child to continue in the care of:

\_\_\_\_\_  
First Name M.I. Last Name

9. Affidavit(s) and/or other evidence regarding the facts alleged is/are attached in support of this Complaint.

**WHEREFORE**, Plaintiff/Child requests that the Court:

- ☐ find that Child is dependent on the Court  
☐ find that Child is under age 21  
☐ find that Child is unmarried  
☐ find that reunification of Child with Parent One is not a viable option due to:  
☐ abuse ☐ neglect ☐ abandonment or ☐ a similar basis under state law, namely:

by Parent One.

☐ **If applicable:** find that reunification of Child with Parent Two is not a viable option due to:

☐ abuse ☐ neglect ☐ abandonment or ☐ a similar basis under state law, namely:

by Parent Two.

☐ find that it is not in Child's best interest to return to, \_\_\_\_\_, the country of his/her and/or  
Country  
his/her parents' nationality of last habitual residence.

☐ find that it is in the best interest of Child to continue in the care of:

\_\_\_\_\_  
First Name M.I. Last Name

☐ enter a Judgment pursuant to G. L. c. 119, § 39M

☐ order that Child be referred to the Probation Service for the following services:

☐ educational ☐ occupational ☐ medical ☐ dental ☐ counseling ☐ social ☐ domestic violence

☐ anti-trafficking ☐ and/or

services as needed.

☐ enter any other orders the Court deems necessary for the protection from abuse, abandonment, and neglect, and for the well-being, care, support, health and safety, and best interest of Child.

☐ enter an order for relief requested below, namely:

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Attorney or Plaintiff, if pro se

\_\_\_\_\_  
(Print name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Apt, Unit, No. etc.)

\_\_\_\_\_  
(City/Town)

\_\_\_\_\_  
(State)

\_\_\_\_\_  
(Zip)

Primary Phone #: \_\_\_\_\_

B.B.O. # \_\_\_\_\_

Email: \_\_\_\_\_

<div><div>JUDGMENT OF DEPENDENCY</div><div>PURSUANT TO G. L. c. 119, § 39M</div><div><input type="checkbox"/> New<input type="checkbox"/> Amended</div></div>		<div>Docket No.</div>	<div>Commonwealth of Massachusetts</div> <div>The Trial Court</div> <div>Probate and Family Court</div>
<div><div><div>_____, Plaintiff</div><div>First NameMILast Name</div><div>v.</div><div><div>_____, Defendant "Parent One"</div><div>First NameMILast Name</div></div></div><div><div><u>If applicable:</u></div><div><div>_____, Defendant "Parent Two"</div><div>First NameMILast Name</div></div></div></div>		<div>_____<div>Division</div></div>	

Upon the Complaint for Dependency Pursuant to G. L. c. 119, § 39M filed on \_\_\_\_\_, (date)  
after hearing on \_\_\_\_\_, the Court FINDS: (date)

1. \_\_\_\_\_ ("Child") whose date of birth is \_\_\_\_\_ is a child  
 First Name MI Last Name (date of birth)  
 pursuant to G. L. c. 119, § 39M. Child is unmarried and under 21 years of age.

2. Parent One \_\_\_\_\_ is Child's ☐ mother ☐ father.  
First Name MI Last Name

**If applicable:** Parent Two \_\_\_\_\_ is Child's ☐ mother ☐ father.  
First Name MI Last Name

3. The Probate and Family Court has jurisdiction in this matter in accordance with G. L. c. 119, § 39M and is sitting as a juvenile court in this matter.

4. Venue is proper.

- 5. The following facts in support of this Judgment:**

**IT IS THEREFORE ORDERED AND ADJUDGED THAT:**

1. Child is dependent on this Court for his/her protection, well-being, care and custody, findings, rulings, and orders or referrals to support the health, safety, welfare of Child or to remedy the effects on Child of abuse, neglect, abandonment, or similar circumstances.

2. ☐ Reunification of Child with Parent One ☐ is ☐ is not a viable option due to ☐ abuse ☐ neglect ☐ abandonment or ☐ a similar basis under Massachusetts law namely:

--

by Parent One.

3. **If applicable:** ☐ Reunification of Child with Parent Two ☐ is ☐ is not a viable option due to ☐ abuse ☐ neglect ☐ abandonment or ☐ a similar basis under Massachusetts law namely:

by Parent Two.

4. It ☐ is ☐ is not in Child's best interest to return to his/her and/or his/her parents' country of nationality or last habitual residence of: \_\_\_\_\_ .  
(Country)

5. The Court's findings regarding abuse, neglect, abandonment or similar circumstance, reunification, and Child's best interest are in accordance with the following legal standard(s), statutory law, and/or case law:

6. The Court refers Child to the Probation Service for the coordination of the following services: ☐ educational ☐ occupational ☐ medical ☐ dental ☐ counseling ☐ social ☐ domestic violence ☐ anti-trafficking and/or \_\_\_\_\_ services as needed.

7. The Court finds that it is in the best interest of Child to remain in the care of \_\_\_\_\_  
First Name MI Last Name

8. The Court also orders:

This Judgment is issued for the protection from abuse, abandonment, and neglect, and for the health, safety, and well-being of Child, and, if applicable, shall remain in effect until the final adjudication of Child's Special Immigrant Juvenile complaint.

Date \_\_\_\_\_



Division \_\_\_\_\_

Commonwealth of Massachusetts  
The Trial Court  
Probate and Family Court Department

Docket No. \_\_\_\_\_

**MOTION FOR**

\_\_\_\_\_  
Plaintiff/Petitioner

V.

\_\_\_\_\_  
Defendant/Respondent

Now comes \_\_\_\_\_, ☐ Plaintiff ☐ Defendant ☐ Petitioner ☐ Respondent ,  
(name of moving party)

in this action who requests:

Date \_\_\_\_\_

**NOTICE OF HEARING**

This motion will be heard at the Probate and Family Court

In \_\_\_\_\_  
(city)

on \_\_\_\_\_  
(month/day/year)

at \_\_\_\_\_  
(time of hearing)

\_\_\_\_\_  
(Signature of attorney or plaintiff, if pro se)

\_\_\_\_\_  
(Print name)

\_\_\_\_\_  
(Street address)

\_\_\_\_\_  
(City/Town) (State) (Zip)

Tel. No. \_\_\_\_\_

B.B.O. # \_\_\_\_\_

The within motion is hereby ☐ **ALLOWED** ☐ **DENIED**

Date \_\_\_\_\_

\_\_\_\_\_  
**Justice of the Probate and Family Court**

Division \_\_\_\_\_

Docket No. \_\_\_\_\_

## MOTION FOR

\_\_\_\_\_  
Dated: \_\_\_\_\_

## CERTIFICATE OF SERVICE

I hereby certify that I have delivered a copy of this motion to:

\_\_\_\_\_  
(name of party or attorney of record)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/Town)

\_\_\_\_\_  
(State)

\_\_\_\_\_  
(Zip)

By ☐ delivery in hand \_\_\_\_\_ at \_\_\_\_\_ ☐ AM ☐ PM  
(date of delivery) (time)

☐ mailing (postage paid on) \_\_\_\_\_ .  
(date of mailing)

\_\_\_\_\_  
(signature)

<b>MOTION FOR SERVICE BY ALTERNATE MEANS AND AFFIDAVIT OF DILIGENT SEARCH</b>	Docket No. _____	<b>Commonwealth of Massachusetts The Trial Court Probate and Family Court</b>
Case Name _____	Division _____	

I am requesting the court to allow me to (*check only **ONE** option*):

☐ Provide service **by publication only** in a newspaper of general circulation in the location that will most reasonably provide actual notice of this case.

☐ Provide service by publication in a newspaper of general circulation in the location that will most reasonably provide actual notice of this case **AND** by mailing a copy of the notice by registered or certified mail to the person's last known address.

☐ Provide service by another means not prohibited by law    ☐ Please specify:    **OR**    ☐ instruct me how to provide notice.

\_\_\_\_\_

<b>GENERAL INFORMATION</b>
----------------------------

The undersigned hereby swears or affirms that the following information is true:

1. I am required to serve notice on \_\_\_\_\_ and I cannot do so after a diligent search. To the best of my knowledge, this person is not a minor or an incapacitated or protected person. The last known address that I have for this person is:

Name

**OR**    ☐ Unknown

\_\_\_\_\_

Last Known Street Address

\_\_\_\_\_

City, State, Zip Code

The person last lived at this address on or about \_\_\_\_\_ . I do not know any other address for this person.

(Date)

The last time I saw, heard from, or had contact with the person to be served was on \_\_\_\_\_ .

(Date)

<b>ATTEMPTS TO LOCATE</b>
---------------------------

2. I have made the following efforts to find this person (*check all that apply*):

☐ Phone/Text. I called and/or texted this person at their last known phone number of: \_\_\_\_\_

(Phone Number)

I received the following response back (*explain what, if any, response you received*):

\_\_\_\_\_

☐ Email. I emailed the person at their last known e-mail address of: \_\_\_\_\_

(Email Address)

I received the following response back (*explain what, if any, response you received*):

\_\_\_\_\_

<div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> <div style="text-align: center;">Case Name</div>	Docket No.
--	------------

- ☐ Social Media. I looked for the person on these social media sites (*please list and explain what, if any, response you received*):

Social Media Site	Date	Response

- ☐ Internet searches. I completed a search on these websites (*please list and explain what, if any, response you received*):

Website	Date	Response

- ☐ Child Support. I have a child support case with this person. I contacted the Department of Revenue, Child Support Enforcement Division and they will not release any information to me.

- ☐ Friends/Family/Employer/Landlord/Neighbors. I contacted the following people who told me:

Name of Person Contacted	Relationship	Date	What They Told Me

- ☐ Military. I went to the Defense of Manpower Data Center (DMDC) website, <https://scra.dmdc.osd.mil>, and submitted a "Single Record Request" to obtain a report certifying the active duty status of the person, a copy of which is attached.

- ☐ Other. I made the following other efforts to locate the person (*describe anything else you did to try to find the person*):

### ATTEMPTS TO SERVE, if applicable

3. I have made the following efforts to serve this person:

#### PETITION TO CHANGE NAME OF MINOR ONLY:

- ☐ I mailed a copy of the petition and citation by certified or registered mail on \_\_\_\_\_ to the last known home address listed above, return receipt requested (*attach proof of certified or registered mailing, including proof of any delivery, attempted delivery or non delivery*).  
(Date)

- ☐ The Sheriff's Department, a constable, or other disinterested person authorized by law attempted to serve the person but was not able to do so. I have been provided with an affidavit concerning attempts made to serve the person, a copy of which is attached.

- ☐ I have not attempted service because I do not know the person's whereabouts, current address, last known address, or their last known address is my current address.

Case Name	Docket No.
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**SIGNED UNDER THE PENALTIES OF PERJURY**

I certify under the penalties of perjury that the foregoing statements are true to the best of my knowledge and belief.

Date: \_\_\_\_\_ Signature \_\_\_\_\_

Information on Attorney, if any

\_\_\_\_\_  
(Print name)

\_\_\_\_\_  
(Address)                      (Apt, Unit, No. etc.)

\_\_\_\_\_  
(City/Town)                      (State)                      (Zip)

Primary Phone #: \_\_\_\_\_

B.B.O. # \_\_\_\_\_

Email: \_\_\_\_\_

↓ ↓    **FOR COURT USE ONLY**    ↓ ↓

The within motion is hereby

☐ **Allowed.**

☐ Service to be completed by publication only in a newspaper of general circulation in the location that will most reasonably provide actual notice of this case.

☐ Service to be completed by publication in a newspaper of general circulation in the location that will most reasonably provide actual notice of this case **AND** by mailing a copy of the notice by registered or certified mail to the person's last known address.

☐ Service is accepted as rendered.

☐ Other:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_


☐ **Denied.**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date \_\_\_\_\_ Judge of the Probate and Family Court \_\_\_\_\_

<b>NOTICE OF APPEARANCE</b>		DOCKET NUMBER	<b>Massachusetts Trial Court</b> 
CASE NAME		COURT DEPARTMENT (Select only one court.)	
		<input type="checkbox"/> Boston Municipal Court <input type="checkbox"/> District Court <input type="checkbox"/> Housing Court <input type="checkbox"/> Juvenile Court <input type="checkbox"/> Land Court <input type="checkbox"/> Probate & Family Court <input type="checkbox"/> Superior Court	
v.		COURT DIVISION OR COUNTY	

Notice of Appearance

Please enter my appearance in this case:

☐ for myself.

☐ as attorney for: \_\_\_\_\_.

**Please print or type all of the information requested below.**

NAME (FIRST, MIDDLE, LAST)			B.B.O. OR STATE BAR NUMBER (IF APPLICABLE)	
FIRM OR AGENCY NAME (IF APPLICABLE)			OFFICE OR HOME PHONE NUMBER	
STREET ADDRESS		APT/UNIT #	MOBILE PHONE NUMBER	
CITY/TOWN	STATE	ZIP CODE	E-MAIL ADDRESS	
DATED		SIGNATURE		

<b>AFFIDAVIT DISCLOSING CARE OR CUSTODY PROCEEDING</b> Pursuant to Trial Court Rule IV		<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): _____ Address(es) During the Last 2 Years, if Different _____ CHILD A _____ 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><thead><tr><th>Letter of Child</th><th>Court</th><th>Docket No.</th><th>Status</th><th>[W]itness [P]arty [O]ther [N]one</th></tr></thead><tbody><tr><td>CHILD _____</td><td>_____</td><td>_____</td><td>_____</td><td>[ ]</td></tr><tr><td>CHILD _____</td><td>_____</td><td>_____</td><td>_____</td><td>[ ]</td></tr><tr><td>CHILD _____</td><td>_____</td><td>_____</td><td>_____</td><td>[ ]</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><thead><tr><th>Letter of Child</th><th>Name of Party/Claimant</th><th>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 _____	_____	_____																							
CHILD _____	_____	_____																							
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 _____ SIGNATURE OF PARTY OR ATTORNEY OF RECORD FOR JUVENILE/INCOMPETENT																									
_____ PRINTED NAME OF PERSON SIGNING																									
_____ ADDRESS OF ATTORNEY OF RECORD FOR JUVENILE/INCOMPETENT																									
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.**

<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	Street Address
		_____	_____
		City, State, Zip Code	City, State, Zip Code
	<b>Child B.</b>	_____	_____
		Street Address	Street Address
		_____	_____
		City, State, Zip Code	City, State, Zip Code
	<b>Child C.</b>	_____	_____
		Street Address	Street Address
		_____	_____
		City, State, Zip Code	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.	<input type="checkbox"/> _____ <div style="font-size: x-small;">Attorney(s) for child(ren). (Please specify if each child is represented by a different attorney.)</div>
		<input type="checkbox"/> _____ <input type="checkbox"/> _____
	2.	<input type="checkbox"/> _____ <div style="font-size: x-small;">GAL(s)/Investigator(s) (Please indicate if a GAL has been appointed to represent a specific child.)</div>
		<input type="checkbox"/> _____ <input type="checkbox"/> _____
	3.	<input type="checkbox"/> _____ <div style="font-size: x-small;">Attorney(s) for mother</div>
		<input type="checkbox"/> _____
	4.	<input type="checkbox"/> _____ <div style="font-size: x-small;">Attorney(s) for father</div>
		<input type="checkbox"/> _____
(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)		



## READ BEFORE COMPLETING THE AFFIDAVIT

### A. WHAT IS AN "AFFIDAVIT DISCLOSING CARE OR CUSTODY PROCEEDING"?

It is a document signed under the penalties of perjury which lists information required by Trial Court Rule IV concerning children involved in a care or custody proceeding.

### B. WHO MUST FILE THIS AFFIDAVIT?

The party to a petition (including a modification petition) or complaint involving the care, custody, visitation, or change of name of a child pursuant to G.L. c. 119 (except delinquency actions under G.L. c. 201, G.L. c. 207, G.L. c. 208, G.L. c. 209, G.L. c. 209A, G.L. c. 209C, G.L. c. 210, or any other provision of law concerning the care or custody of a child must file this affidavit.

This affidavit **must be signed by the party** unless the party is under 18 years of age or has been adjudged incompetent in which case the attorney of record must sign this affidavit on behalf of the juvenile or incompetent party.

### C. WHEN MUST THIS AFFIDAVIT BE FILED?

The person filing the petition or complaint must file this affidavit at the time of filing and the other party must file this affidavit with the first pleading.

This affidavit should be submitted upon the filing of an application for a Child Requiring Assistance (CRA) pursuant to G.L. c. 119.

This affidavit need not be filed if the petition or complaint is for **support only**.

### D. WHERE MUST THIS AFFIDAVIT BE FILED?

The completed affidavit must be filed, in person or by mail, with the Clerk-Magistrate or Register of Probate in the court in which this action is being brought.

### E. WHEN MUST A REVISED AFFIDAVIT BE FILED?

A revised affidavit must be filed with the Clerk-Magistrate or Register of Probate if new information is discovered subsequent to the filing of this affidavit.

### F. WHAT MUST BE FILED AS PART OF THIS AFFIDAVIT?

Certified copies of each pleading and of any determination entered in a foreign country or in a state other than Massachusetts must be filed with this affidavit unless these documents are on file with the court in this case, or an extension has been granted by the court for filing these documents.

### INSTRUCTIONS FOR COMPLETING AFFIDAVIT

When completing this affidavit if additional space is needed for any of the sections, attach a separate sheet which includes your name (printed), the docket number and the sections to which you are referring. You must also sign and date the sheet.

The party filing this affidavit must complete the section entitled "Name of Case" and indicate the Court Department and Division in which the case is being brought. The docket number should also be listed, if known.

### DO NOT COMPLETE SECTIONS 2, 3, 4, 8 AND 10 IF THIS AFFIDAVIT IS BEING FILED WITH A PETITION FOR ADOPTION.

- |                  |  |
|------------------|--|
| Section 1        | You must print your first and last name. If this affidavit is filed by an attorney on behalf of an incompetent person or a juvenile, the name of the party on which behalf this affidavit is being completed must be listed.   |
| Section 2        | List the names of all child(ren) involved in this care or custody proceeding. All future references to the child(ren) listed in this section should be with the letter in front of the child's name (e.g. If John Smith is listed next to the letter A, all references to John Smith will be as Child A).  |
| Section 3        | Check the box if this section applies to you. If this box is checked, do not complete Sections 4 and 5. You must complete Sections 10 and 11 on the reverse side of page 1.  |
| Sections 4 & 5   | List the present and all prior addresses during the last two years of the above-named child(ren) and your present address. If legal custody of a child has been awarded to a social service agency, list the name and address of the agency with legal custody.  |
| Section 6        | Check the appropriate box.   |
| Section 7        | List all pending or concluded proceedings which you have participated in or know of involving the care or custody of the child(ren) named in this affidavit. Indicate the letter of the child; the court in which the case was heard, the docket number, the person(s) to whom custody was awarded, and the date of the award, and the nature of your participation in the proceeding by listing "W" for witness, "P" for party, "O" for other or "N" for none. If specific information required in this section is not known, you or your attorney should contact the court where the case was heard to obtain such information. <b>In the case of a petition for adoption, list all information except the person(s) to whom custody was awarded, the date of the award and the nature of your participation. Under the heading "Status of Case", indicate type of case.</b> |
| Section 8        | List the name(s) and current residential address(es), if known, otherwise the last known address(es) of parties to care or custody proceedings or persons claiming a legal right to the above-named child(ren) during the last two years. Do not include yourself.   |
| Section 9        | Check this box if this affidavit discloses the adoption of a child and you are requesting the court to impound this affidavit. If this provision is applicable, you should contact the Clerk-Magistrate or Register of Probate for assistance concerning the appropriate motion to be filed.   |
| Sections 10 & 11 | <b>COMPLETE ONLY IF YOU CHECKED THE BOX IN SECTION 3.</b><br>List the present and all prior addresses during the last two years of the child(ren) listed in Section 2 of this affidavit and your present address. If legal custody of a child has been awarded to a social service agency, list the name and address of the agency with legal custody.   |
| Section 12       | List the attorneys and guardians ad litem/investigators previously appointed in Section 7.   |
| Signature        | The party listed in Section 1 must date and sign this affidavit except for an incompetent or juvenile, in which case the attorney of record on behalf of the juvenile or incompetent party must date and sign this affidavit and print his/her name and address.   |

**THIS AFFIDAVIT MUST BE FILED WITH THE COURT AND A COPY FURNISHED BY THE PARTY FILING IT TO ALL OTHER PARTIES TO THIS ACTION.**