| | COMPLAINT FOR CUSTODY-SUPPORT-PARENTING TIME PURSUANT TO G. L. c. 209C | Docket No. | Commonwealth of Massachusetts The Trial Court Probate and Family Court | |
|--|--|---|--|--------|
| - | First Name M.I Last Name V. | ,Plaintiff | Division | |
| - | First Name M.I Last Name | ,Defendant | | |
| 1. | Plaintiff, who resides at(Address) | (Apt, Unit, No. etc.) | (City/Town) (State) (Zip) | _ , is |
| | the ○ mother ○ father of a child born out a child born out of wedlock. the ○ guardian ○ custodian of a child born or | of wedlock. | | |
| | | of the moth | | |
| 2. | Plaintiff is: Department of Children and Families The child who is the subject of this complaint is: | an agency licens | ed under G. L. C. 28A ODepartment of Revent | ie |
| | First Name M.I. | Last Name | Current age Date of Birth | _ |
| | (Address) (Apt, Unit, No | o. etc.) (Cit | ty/Town) (State) (Zip) | _ |
| 3. | Defendant, who resides at(Address) | (Apt, Unit, No. etc | (City/Tourn) (Ctoto) (Zin) | |
| | is the \(\) mother \(\) father of the above-named ch | | | |
| 4. | The plaintiff and defendant are not married. | | | |
| 5. | The mother of the child was not married at the time of the birth of the child. | | · | |
| 6. | The Oplaintiff Odefendant Osigned a volunta | iry acknowledgeme | ent of paternity O was adjudicated the father | |
| | on , a copy of which is | s attached to this c | omplaint. | |
| 7. | Wherefore, plaintiff requests that the Court: order a suitable amount of support for the child. | | | |
| | order the oplaintiff defendant to maintain provide health insurance for the benefit of the child. | | | |
| | prohibit the defendant from imposing any restraint o | erty of the O plaintiff and/or O the child. | | |
| | grant the plaintiff defendant custody of the child. | | | |
| grant the plaintiff defendant parenting time with the child. | | | | |
| | | | | |
| Da | ate: | | | |
| | Signature of Attorney or Plaintiff, if pro se | | | |
| | | (Print name) | | |
| | | | (Address) (Apt, Unit, No. etc. |) |
| | | | City/Town) (State) (Zip) | |
| | | Primary Phone #: | Organismi) (State) (Zip) | |
| | | B.B.O. # | | |

CJ-D 109 (7/15/15)