



**COMPLAINT FOR DEPENDENCY
PURSUANT TO G. L. c. 119, § 39M**

Docket No.

**Massachusetts Trial Court
Probate and Family Court**

New

Amended

First Name _____ MI _____ Last Name _____

Division _____

Plaintiff

v.

First Name _____ MI _____ Last Name _____

Defendant "Parent One"

If applicable:

First Name _____ MI _____ Last Name _____

Defendant "Parent Two"

1. Plaintiff, who resides at _____, is _____
(Address) _____ (Apt, Unit, No. etc.) _____ (City/Town) _____ (State) _____ (Zip)

a child seeking court orders pursuant to G. L. c. 119, § 39M.

OR

the parent guardian _____ of a child seeking court orders pursuant to G. L. c. 119, § 39M.

2. The child who is the subject of the Complaint ("Child") is:

First Name _____ M.I. _____ Last Name _____

(Address) _____ (Apt, Unit, No. etc.) _____ (City/Town) _____ (State) _____ (Zip)

Child's date of birth is: _____

3. Parent One, _____, is _____
First Name _____ M.I. _____ Last Name _____

who resides at: _____
(Address) _____ (Apt, Unit, No. etc.) _____ (City/Town) _____ (State) _____ (Zip), is,

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 One 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)



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4. If applicable:

Parent Two, _____, First Name _____, M.I. _____, Last Name _____,

who resides at: _____, (Address) _____, (Apt, Unit, No. etc.) _____, (City/Town) _____, (State) _____, (Zip) _____, is,

- 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 parents' nationality or last habitual residence.

8. If applicable: 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.



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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:

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by Parent Two.

find that it is not in Child's best interest to return to, _____, the country of his/her and/or 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

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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:

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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: _____