



**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: \_\_\_\_\_