

COMPLAINT FOR SUPPORT- CUSTODY-VISITATION PURSUANT TO G.L. c. 209C	Docket No. _____	Commonwealth of Massachusetts The Trial Court Probate and Family Court
_____, Plaintiff V. _____, Defendant	_____ Division _____ _____ _____	

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

- 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 _____ Date of Birth _____
 who resides at _____ (Address Line) _____ (Apt, Unit, No. etc.) _____ (City/Town) _____ (State) _____ (Zip)

3. Defendant, who resides at _____ (Address Line) _____ (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 _____ (date), a copy of which is attached to this complaint.

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 visitation rights with the child.
 - _____

Date _____

Signature of attorney or plaintiff, if pro se

Print name

(Address Line)

(Apt, Unit, No. etc.)

(City/Town)

(State)

(Zip)

Primary Phone #: _____

BBO No.: _____