

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

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.: \_\_\_\_\_