

<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	_____ 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.: \_\_\_\_\_