

Commonwealth of Massachusetts

The Trial Court

Plymouth Division

Probate and Family Court Department

Docket No. _____

Complaint For Support - Custody - Visitation Pursuant to G.L.M. 209 C

_____, Plaintiff

v.

_____, Defendant

1. Plaintiff, who resides at _____ (Street and No.) _____ (City or Town)

_____ (County) _____ (State) _____ (zip) is

- checkbox a child born out of wedlock.
checkbox the mother/father of a child born out of wedlock.
checkbox the guardian/custodian of a child born out of wedlock.
checkbox the parent/personal representative of the mother/father of a child born out of wedlock.
checkbox the Department of Social Services/agency licensed under G.L.M. c. 28A.
checkbox the Department of Public Welfare/the Department of Revenue.

2. The child who is the subject of this complaint is:

Name _____ Date of Birth _____

_____ (Street and No.) _____ (City or Town) _____ (County) _____ (State) _____ (zip)

3. Defendant, who resides at _____ (Street and No.) _____ (City or Town) _____ (County) _____ (State) _____ (zip)

is the father/mother 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, the plaintiff requests that the Court:

- checkbox order a suitable amount of support for the child.
checkbox order the plaintiff/defendant to maintain/provide health insurance for the benefit of the child.
checkbox prohibit the defendant from imposing any restraint on the personal liberty of the plaintiff and/or child.
checkbox grant the plaintiff/defendant custody of the child.
checkbox grant the plaintiff/defendant visitation rights with the child.

Date _____

Signature of Attorney or Plaintiff, if pro se.

Address _____

Tel. No. () _____

B.B.O. # _____