

**Commonwealth of Massachusetts
The Trial Court
Probate and Family Court Department**

_____ **Division** **Docket No:** _____

Case Name: _____

Public Assistance Affidavit

1. I, _____ petitioner/plaintiff, hereby declare that I have made inquiry and, to the best of my knowledge, information and belief all of the information on this form is true, accurate and complete.

2. The name(s) and address(es) of the child(ren) who is/are the subject of this complaint or petition:

Name (s)	Address
_____	_____
_____	_____
_____	_____
_____	_____

3a. I am receiving public assistance. Yes No

b. I have received public assistance in the past. Yes No

If the response is yes to either 3a or 3b, please specify the type of public assistance received:

- Department of Transitional Assistance (Public Welfare)
- Department of Social Services
- Department of Medical Assistance (Medicaid)
- Other (Please Specify) _____

4a. The child(ren) listed is/are receiving public assistance. Yes No

b. The child(ren) listed has/have received public assistance in the past. Yes No

If the response is yes to either 4a or 4b, please specify the type of public assistance received:

- Department of Transitional Assistance (Public Welfare)
- Department of Social Services
- Department of Medical Assistance (Medicaid)
- Other (Please Specify) _____

This affidavit must be personally signed by the petitioner/plaintiff listed in Section 1. If the petitioner/plaintiff is under the age of 18 years and is represented by an attorney, the attorney must also sign this affidavit. A revised affidavit must be filed with the Court if new information is discovered subsequent to this filing.

Signed this _____ day of _____ 20 _____

Signature: _____ Printed Name: _____

Attorney: _____ Printed Name: _____