

Commonwealth of Massachusetts

The Trial Court

Division _____

Probate and Family Court Department

Docket No. _____

COMPLAINT FOR SUPPORT-CUSTODY-VISITATION
PURSUANT TO G.L. c. 209 C

_____, Plaintiff v. _____, Defendant

1. Plaintiff, who resides at _____ (Street address) _____ (City/Town) _____ (County) _____ (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.
the Department of Social Services agency licensed under G.L. c. 28A
the Department of Revenue

2. The child who is the subject of this complaint is: Name _____ Date of Birth _____ who resides at _____ (Street address) _____ (City/Town) _____ (County) _____ (State) _____ (Zip)

3. Defendant, who resides at _____ (Street address) _____ (City/Town) _____ (County) _____ (State) _____ (Zip) is the mother father of the above-named child who was born out of wedlock.

- The plaintiff and defendant are not married.
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.
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)
(Street address)
(City/Town) (State) (Zip)

Tel. No. _____

B.B.O. # _____