

COMPLAINT FOR SUPPORT- CUSTODY-VISITATION PURSUANT TO G.L. c. 209C	Docket No.	Commonwealth of Massachusetts The Trial Court Probate and Family Court
Jane Doe _____, Plaintiff V. John Smith _____, Defendant	Middlesex _____ Division _____ _____ _____	

1. Plaintiff, who resides at _____ 35 Jump St. _____ 3 _____ Cambridge _____
MA 00001 _____, is _____
(State) (Zip) (Address Line) (Apt, Unit, No. etc.) (City/Town)
 - 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:
_____ Susanna _____ L. _____ Doe _____ Date of Birth _____
First Name M.I. Last Name
who resides at _____ 35 Jump St _____ 3 _____ Cambridge _____ MA 00001 _____
(Address Line) (Apt, Unit, No. etc.) (City/Town) (State) (Zip)
3. Defendant, who resides at _____ 40 High St. _____ 5 _____ Somerville _____
MA 00002 _____ is the mother father of the above-named child who was born out of wedlock.
(State) (Zip) (Address Line) (Apt, Unit, No. etc.) (City/Town)
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 _____ 12-05-2009 _____, a copy of which is attached to this complaint.
(date)
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

Jane Doe

Print name

35 Jump St.

(Address Line)

3

(Apt, Unit, No. etc.)

Cambridge

(City/Town)

MA

(State)

00001

(Zip)

Primary Phone #: _____

BBO No.: _____

SAMPLE