

**COMPLAINT FOR PROTECTION FROM ABUSE**  
(G.L. c.209A) Page 1 of 2

COURT USE ONLY - DOCKET NO. \_\_\_\_\_

**TRIAL COURT OF MASSACHUSETTS**



A	<input type="checkbox"/> BOSTON MUNICIPAL COURT <input type="checkbox"/> DISTRICT COURT <input type="checkbox"/> PROBATE & FAMILY COURT <input type="checkbox"/> SUPERIOR COURT		DIVISI
B	Name of Plaintiff (person seeking protection)		Name of Defendant (person accused of abuse)
C	Plaintiff's Address. DO NOT complete if the Plaintiff is asking the Court to keep it confidential. See K. 4. below.		Def. Date of Birth    Defendant's Alias, if any
	Daytime Phone No. (    )		Defendant's Address    Day Phone (    )
			Sex: <input type="checkbox"/> M <input type="checkbox"/> F
D	If the Plaintiff left a former residence to avoid abuse, write that address here:		Social Security #    Place of Birth
E	I <input type="checkbox"/> am over the age of eighteen. I <input type="checkbox"/> am under the age of eighteen, and _____ my _____ (relationship to Plaintiff) has filed this complaint for me.		Defendant's Mother's Maiden Name (first & last)
	The Defendant <input type="checkbox"/> is <input type="checkbox"/> is not under the age of eighteen.		Defendant's Father's Name (first & last)
F	To my knowledge, the Defendant possesses the following guns, ammunition, firearms identification card, and/or license to carry:		H
G	Are there any prior or pending court actions in any state or country involving the Plaintiff and the Defendant for divorce, annulment, separate support, legal separation or abuse prevention? <input type="checkbox"/> No <input type="checkbox"/> Yes If Yes, give Court, type of case, date, and (if available) docket no.		
I	On or about (dates) _____ I suffered abuse when the Defendant:		The Defendant and Plaintiff: <input type="checkbox"/> are currently married to each other <input type="checkbox"/> were formerly married to each other <input type="checkbox"/> are not married but we are related to each other by blood or marriage; specifically, the Defendant is my _____ <input type="checkbox"/> are the parents of one or more children <input type="checkbox"/> are not related but live in the same household <input type="checkbox"/> were formerly members of the same household <input type="checkbox"/> are or were in a dating or engagement relationship.
J	<input type="checkbox"/> attempted to cause me physical harm <input type="checkbox"/> placed me in fear of imminent serious physical harm <input type="checkbox"/> caused me physical harm <input type="checkbox"/> caused me to engage in sexual relations by force, threat of force or duress		Does the Plaintiff have any children? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, the Plaintiff shall complete the appropriate parts of Page 2.
K	THEREFORE, I ASK THE COURT TO ORDER: <input type="checkbox"/> 1. the Defendant to stop abusing me by harming, threatening or attempting to harm me physically, or placing me in fear of imminent serious physical harm, or by using force, threat or duress to make me engage in sexual relations unwillingly. <input type="checkbox"/> 2. the Defendant not to contact me, unless authorized to do so by the Court. <input type="checkbox"/> 3. the Defendant to leave and remain away from my residence which is located at: _____ <i>If this is an apartment building or other multiple family dwelling, check here <input type="checkbox"/></i> <input type="checkbox"/> 4. that my address be impounded to prevent its disclosure to the Defendant, the Defendant's attorney, or the public. <i>Attach Request for Address Impoundment form to this Complaint.</i> <input type="checkbox"/> 5. the Defendant to leave and remain away from my workplace which is located at: _____ <input type="checkbox"/> 6. the Defendant to pay me \$ _____ in compensation for the following losses suffered as a direct result of the abuse: _____ <b>You may not obtain an Order from the Boston Municipal Court or a District or Superior Court covering the following item 7 if there is a prior or pending Order for support from the Probate and Family Court.</b> <input type="checkbox"/> 7. the Defendant, who has a legal obligation to do so, to pay temporary support for me. <input type="checkbox"/> 8. the relief requested on page two of this Complaint pertaining to my minor child or children. <input type="checkbox"/> 9. the following: _____ <input type="checkbox"/> 10. the relief I have requested, except for temporary support for me and/or my child(ren) and for compensation for losses suffered, without advance notice to the Defendant because there is a substantial likelihood of immediate danger of abuse. I understand that if the Court issues such a temporary Order, the Court will schedule a hearing within 10 court business days to determine whether such a temporary Order should be continued, and I must appear in Court on that day if I wish the Order to be continued.		

DATE	PLAINTIFF'S SIGNATURE X	Please complete affidavit on reverse of this page
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This is a request for a civil order to protect the Plaintiff from future abuse. The actions of the Defendant may also constitute a crime subject to criminal penalties. For information about filing a criminal complaint, you can talk with the District Attorney's Office for the location where the alleged abuse occurred.



ISSUES PERTAINING TO CHILDREN

A. RELATED PROCEEDINGS. Is there any proceeding that the Plaintiff knows of or has participated in which is pending or has been concluded in any Court in the Commonwealth or any other state or country involving the care or custody of the child or children of the parties? [ ] YES [ ] NO
If Yes, the Plaintiff shall complete and file with this Complaint an Affidavit Disclosing Care or Custody Proceedings as required by Trial Court Uniform Rule IV, and provide copies of documents required by the Rule. This Affidavit and related information are available from the office of the Clerk-Magistrate or Register of Probate of the Court.

B. RELATED PROCEEDINGS. Are there any prior or pending court actions in any state or country involving the Plaintiff and the Defendant for paternity: [ ] YES [ ] NO

C. CUSTODY. The Plaintiff may not obtain an Order from the Boston Municipal Court or a District or Superior Court for custody if there is a prior or pending Order for custody from the Probate and Family Court or Juvenile Court.

[ ] I request custody of the following minor child or children of the parties:

Table with 4 columns: NAME, DATE OF BIRTH, NAME, DATE OF BIRTH

D. CONTACT WITH CHILDREN. I ask the Court to order the Defendant not to contact the following child or children unless authorized to do so by the Court:

Table with 2 columns: NAME, NAME

The specific reasons for this request are: \_\_\_\_\_

If the Plaintiff alleges that the Defendant has abused the above-named child or children, a separate Complaint may be filed on behalf of each child.

E. VISITATION. If the Plaintiff is filing this Complaint in the Probate and Family Court, the Plaintiff may request a Visitation Order. Such Orders are not available in other Courts. Regarding visitation, I ask the Court to [ ] permit visitation. [ ] order no visitation between the Defendant and our minor child or children. [ ] permit visitation only at the following visitation center: \_\_\_\_\_ to be paid for by \_\_\_\_\_ (name). [ ] permit only visitation supervised by \_\_\_\_\_ (name) at the following times: \_\_\_\_\_ to be paid for by \_\_\_\_\_ (name). [ ] order visitation only if a third party, \_\_\_\_\_ (name), picks up and drops off our minor child or children.

F. TEMPORARY SUPPORT. The Plaintiff may not obtain an Order from the Boston Municipal Court or a District or Superior Court for temporary support if there is a prior or pending Order for support from the Probate and Family Court or Juvenile Court. [ ] I ask the Court to order the Defendant, who has a legal obligation to do so, to pay temporary support for any children in my custody.

DATE | PLAINTIFF'S SIGNATURE (with 'X' mark)

COMPLAINT FOR PROTECTION FROM ABUSE (G.L. c.209A) Page 1 of 2		COURT USE ONLY - DOCKET NO.	TRIAL COURT OF MASSACHUSETTS
<input type="checkbox"/> BOSTON MUNICIPAL COURT <input checked="" type="checkbox"/> DISTRICT COURT <input type="checkbox"/> PROBATE & FAMILY COURT <input type="checkbox"/> SUPERIOR COURT		NORTHAMPTON DIVISION	
Name of Plaintiff (person seeking protection) MARY JONES		Name of Defendant (person accused of abuse) JOHN JONES	
Plaintiff's Address. DO NOT complete if the Plaintiff is asking the Court to keep it confidential. See K. 4. below.		Def. Date of Birth 10/2/73	Defendant's Alias, if any "JJ"
Daytime Phone No. ( )		Defendant's Address 123 MAIN ST NORTHAMPTON, MA	
If the Plaintiff left a former residence to avoid abuse, write that address here: 123 MAIN ST. NORTHAMPTON, MA		Day Phone ( ) 413- 000-0000	
<input checked="" type="checkbox"/> I am over the age of eighteen. <input type="checkbox"/> I am under the age of eighteen, and _____ my _____ (relationship to Plaintiff) has filed this complaint for me.		Social Security # 123-45-6789	
<input type="checkbox"/> The Defendant is under the age of eighteen. <input checked="" type="checkbox"/> The Defendant is not under the age of eighteen.		Place of Birth NEW YORK, NY	
To my knowledge, the Defendant possesses the following guns, ammunition, firearms identification card, and/or license to carry: 2 SHOTGUNS PELLET GUN HUNTING RIFLE F.I.D. CARD		Defendant's Mother's Maiden Name (first & last) ELAINE FLOWERS	
Are there any prior or pending court actions in any state or country involving the Plaintiff and the Defendant for divorce, annulment, separate support, legal separation or abuse prevention? <input type="checkbox"/> No <input type="checkbox"/> Yes If Yes, give Court, type of case, date, and (if available) docket no.		Defendant's Father's Name (first & last) GEORGE JONES	
On or about (dates) 6-6-02		The Defendant and Plaintiff: <input checked="" type="checkbox"/> are currently married to each other <input type="checkbox"/> were formerly married to each other <input type="checkbox"/> are not married but we are related to each other by blood or marriage; specifically, the Defendant is my _____	
<input checked="" type="checkbox"/> attempted to cause me physical harm <input checked="" type="checkbox"/> caused me physical harm		<input type="checkbox"/> are the parents of one or more children <input type="checkbox"/> are not related but live in the same household <input type="checkbox"/> were formerly members of the same household <input type="checkbox"/> are or were in a dating or engagement relationship.	
<input checked="" type="checkbox"/> placed me in fear of imminent serious physical harm <input type="checkbox"/> caused me to engage in sexual relations by force, threat of force or duress		Does the Plaintiff have any children? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, the Plaintiff shall complete the appropriate parts of Page 2.	
THEREFORE, I ASK THE COURT TO ORDER:			
<input checked="" type="checkbox"/> 1. the Defendant to stop abusing me by harming, threatening or attempting to harm me physically, or placing me in fear of imminent serious physical harm, or by using force, threat or duress to make me engage in sexual relations unwillingly.			
<input checked="" type="checkbox"/> 2. the Defendant not to contact me, unless authorized to do so by the Court.			
<input checked="" type="checkbox"/> 3. the Defendant to leave and remain away from my residence which is located at: 123 MAIN ST. NORTHAMPTON If this is an apartment building or other multiple family dwelling, check here <input type="checkbox"/>			
<input type="checkbox"/> 4. that my address be impounded to prevent its disclosure to the Defendant, the Defendant's attorney, or the public. Attach Request for Address Impoundment form to this Complaint.			
<input checked="" type="checkbox"/> 5. the Defendant to leave and remain away from my workplace which is located at: BOOK STALL 116 SPRING ST. MADLEY			
<input type="checkbox"/> 6. the Defendant to pay me \$ 45.00 in compensation for the following losses suffered as a direct result of the abuse: BROKEN GLASSES			
You may not obtain an Order from the Boston Municipal Court or a District or Superior Court covering the following item 7 if there is a prior or pending Order for support from the Probate and Family Court.			
<input checked="" type="checkbox"/> 7. the Defendant, who has a legal obligation to do so, to pay temporary support for me.			
<input checked="" type="checkbox"/> 8. the relief requested on page two of this Complaint pertaining to my minor child or children.			
<input checked="" type="checkbox"/> 9. the following: RETURN CAR KEYS, CHECKBOOK, CHILDREN'S BIRTH CERTIFICATES AND FOOD STAMPS			
<input type="checkbox"/> 10. the relief I have requested, except for temporary support for me and/or my child(ren) and for compensation for losses suffered, without advance notice to the Defendant because there is a substantial likelihood of immediate danger of abuse. I understand that if the Court issues such a temporary Order, the Court will schedule a hearing within 10 court business days to determine whether such a temporary Order should be continued, and I must appear in Court on that day if I wish the Order to be continued.			

DATE 6/6/02 PLAINTIFF'S SIGNATURE X Mary Jones Please complete affidavit on reverse of this page

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SAMPLE



ISSUES PERTAINING TO CHILDREN

A. RELATED PROCEEDINGS. Is there any proceeding that the Plaintiff knows of or has participated in which is pending or has been concluded in any Court in the Commonwealth or any other state or country involving the care or custody of the child or children of the parties? [ ] YES [X] NO

B. RELATED PROCEEDINGS. Are there any prior or pending court actions in any state or country involving the Plaintiff and the Defendant for paternity: [ ] YES [X] NO

C. CUSTODY. The Plaintiff may not obtain an Order from the Boston Municipal Court or a District or Superior Court for custody if there is a prior or pending Order for custody from the Probate and Family Court or Juvenile Court. [X] I request custody of the following minor child or children of the parties:

Table with columns: NAME, DATE OF BIRTH, NAME, DATE OF BIRTH. Rows include SARAH JONES (12/6/90), SAM JONES (5/22/92), and 'JJ' JONES, JR (3/8/95).

D. CONTACT WITH CHILDREN. I ask the Court to order the Defendant not to contact the following child or children unless authorized to do so by the Court:

Table with columns: NAME, NAME. Rows include SARAH, SAM, and 'J.J.' JR.

The specific reasons for this request are: HE THREATENED TO KILL ME AND TAKE THE KIDS TO FLORIDA HE IS UNSTABLE. HE IS USING A LOT OF DRUGS LATELY. THE KIDS ARE AFRAID OF HIM AND CAN'T SLEEP AT NIGHT.

If the Plaintiff alleges that the Defendant has abused the above-named child or children, a separate Complaint may be filed on behalf of each child.

E. VISITATION. If the Plaintiff is filing this Complaint in the Probate and Family Court, the Plaintiff may request a Visitation Order. Such Orders are not available in other Courts. Regarding visitation, I ask the Court to [ ] permit visitation. [X] order no visitation between the Defendant and our minor child or children. [ ] permit visitation only at the following visitation center: [ ] permit only visitation supervised by [ ] order visitation only if a third party, picks up and drops off our minor child or children.

F. TEMPORARY SUPPORT. The Plaintiff may not obtain an Order from the Boston Municipal Court or a District or Superior Court for temporary support if there is a prior or pending Order for support from the Probate and Family Court or Juvenile Court. [X] I ask the Court to order the Defendant, who has a legal obligation to do so, to pay temporary support for any children in my custody.

DATE 6/6/02

PLAINTIFF'S SIGNATURE X Mary Jones