	COMPLAINT FOR CUSTODY-SUPPORT-PARENTING TIME PURSUANT TO G. L. c. 209C	Docket No.	Commonwealth of Massachusetts The Trial Court Probate and Family Court	
-	First Name M.I Last Name V.	,Plaintiff	Division	
-	First Name M.I Last Name	,Defendant		
1.	Plaintiff, who resides at(Address)	(Apt, Unit, No. etc.)	(City/Town), is	
	<ul> <li>the ○ mother ○ father of a child born out</li> <li>a child born out of wedlock.</li> <li>the ○ guardian ○ custodian of a child born or</li> </ul>	of wedlock.		
	☐ the ☐ parent ☐ personal representative	of the () moth	er  father of a child born out of wedlock.	
2.	Plaintiff is:  Opepartment of Children and Families  The child who is the subject of this complaint is:	) an agency licens	ed under G. L. c. 28A ODepartment of Revenue	
	First Name M.I.	Last Name	Current age Date of Birth	
	(Address) (Apt, Unit, No	o. etc.) (Cit	ty/Town) (State) (Zip)	
3.	Defendant, who resides at(Address)	/Ant Unit No. of	(Chata) (Zin)	
	is the \( \) mother \( \) father of the above-named ch	(Apt, Unit, No. etc		
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.			ent of paternity O was adjudicated the father	
	on , a copy of which is	s attached to this c	omplaint.	
7.	Wherefore, plaintiff requests that the Court:  order a suitable amount of support for the child.			
	☐ order the ○ plaintiff ○ defendant to ○ main	ntain  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 parenting time with the child.				
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Date: Signature of Attorney or Plaintiff, if pro se				
	(Print name)			
			(Address) (Apt, Unit, No. etc.)	
			City/Town) (State) (Zip)	
		Primary Phone #:		
		B.B.O. #		

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