



**COMPLAINT TO ESTABLISH
PARENTAGE**
G. L. c. 209C, § 5

Docket No. _____

**Massachusetts Trial Court
Probate and Family Court**

First Name

MI

Last Name

, Plaintiff

Division

v.

First Name

MI

Last Name

, Defendant 1

If applicable:

First Name

MI

Last Name

, Defendant 2

Information about the Child

1. Name of the Child _____
First Name Middle Name Last Name

2. The Child's current address:

(Address)

(Apt, Unit, No. etc.)

(City/Town)

(State)

(Zip)

3. The Child's date of birth: _____ The Child's current age: _____
Date

OR

☐ The Child has not been born yet. The Child is expected to be born on: _____ at _____
(Month/Year) (Location)

FORM ALERT: A certified copy of the Child's birth certificate which has been certified by the Registry of Vital Records and Statistics (or the correct municipality) within the last six (6) months should be filed with this complaint.

☐ I do **not** have a current birth certificate (record) and **cannot** legally obtain one.

☐ Check here if you would like all certified copies of documents filed with the Court to be returned to the person who submitted them after review and processing.

Information About the Plaintiff

4. Name of the Plaintiff _____
First Name Middle Name Last Name

5. The Plaintiff's current address:

(Address)

(Apt, Unit, No. etc.)

(City/Town)

(State)

(Zip)

Primary Phone #: _____ E-mail: _____

6. The Plaintiff is (check one):

☐ the person who gave birth.

☐ the spouse of the person who gave birth at the time of the Child's birth or conception.

☐ an alleged genetic parent.

☐ a parent or personal representative of the person who gave birth if that person has died or abandoned the Child.

☐ a presumed parent.

☐ the Child.

☐ a parent or personal representative of the other parent if the other parent has died who gave birth to the Child.

☐ the Child's guardian.

☐ the Child's next of kin.

☐ a person standing in a parental relation to the Child.

7. ☐ An agency listed below is filing under their statutory authority.

☐ Department of Revenue ☐ Department of Children and Families ☐ other: _____

Agency's current address:

Name

(Address)

(Apt, Unit, No. etc.)

(City/Town)

(State)

(Zip)

Primary Phone #: _____ E-mail: _____

Information About the Defendant(s)

8.

Name of Defendant 1. _____
First Name Middle Name Last Name

Defendant's current address:

(Address)

(Apt, Unit, No. etc.)

(City/Town)

(State)

(Zip)

Primary Phone #: _____ E-mail: _____

☐ I do not know the Defendant's current address and have listed their last known address below:

(Address)

(Apt, Unit, No. etc.)

(City/Town)

(State)

(Zip)

Primary Phone #: _____ E-mail: _____

FORM ALERT: If the address or whereabouts of the Defendant is unknown you must file a Motion for Service by Alternate Means and Affidavit of Diligent Search (CJP 31) with a Military Affidavit (TC0002).

The Defendant is (check one): ☐ the person who gave birth. ☐ a presumed parent ☐ an alleged genetic parent

The Person who gave birth ☐ **was** ☐ **was not** married to the above-named Defendant at the time of the child's birth or within 300 days before the Child's birth.

Name of Defendant 2. _____
First Name Middle Name Last Name

Defendant's current address:

(Address)

(Apt, Unit, No. etc.)

(City/Town)

(State)

(Zip)

Primary Phone #: _____ E-mail: _____

☐ I do not know the Defendant's current address and have listed their last known address below:

(Address)

(Apt, Unit, No. etc.)

(City/Town)

(State)

(Zip)

Primary Phone #: _____ E-mail: _____

FORM ALERT: If the address or whereabouts of the Defendant is unknown you must file a Motion for Service by Alternate Means and Affidavit of Diligent Search (CJP 31) with a Military Affidavit (TC0002).

The Defendant is (check one): ☐ the person who gave birth. ☐ a presumed parent ☐ an alleged genetic parent

The Person who gave birth ☐ **was** ☐ **was not** married to the above-named Defendant at the time of the child's birth or within 300 days before the Child's birth.

Requests to the Court

9. The Plaintiff requests that the Court adjudicate (check all that apply):

- ☐ Plaintiff _____
Name
- ☐ Defendant 1 _____
Name
- ☐ Defendant 2 _____
Name

as the legal parent(s) of the Child.

CUSTODY

10. ☐ The Plaintiff requests that the Court order (check all that apply) ☐ sole legal ☐ joint legal ☐ sole physical
☐ shared physical custody of the Child to:

Name(s)

11. ☐ The Plaintiff requests that the Court order parenting time with (check all that apply):

- ☐ Plaintiff _____
Name
- ☐ Defendant 1 _____
Name
- ☐ Defendant 2 _____
Name

SUPPORT

12. ☐ The Plaintiff requests that the Court order child support for the Child to be paid by (check all that apply):

- ☐ Plaintiff _____
Name
- ☐ Defendant 1 _____
Name
- ☐ Defendant 2 _____
Name

13. ☐ The Plaintiff requests that the Court order health/dental/vision insurance for the Child to be paid by (check all that apply):

- ☐ Plaintiff _____
Name
- ☐ Defendant 1 _____
Name
- ☐ Defendant 2 _____
Name

OTHER REQUESTS

14. ☐ The Plaintiff requests that a new birth certificate be issued for the Child pursuant to G. L. c. 46, § 13(d)(4) and G. L. c. 209C, § 8.

15. ☐ The Plaintiff requests that the child's legal name be changed on their birth certificate to:

First Name Middle Name Last Name

and a new birth certificate to issue.

16. ☐ The Plaintiff requests that the Court prohibit the Defendant(s) from imposing any restraint on the Plaintiff and Child's personal liberty.

☐ Defendant 1 _____
Name

☐ Defendant 2 _____
Name

17. ☐ The Plaintiff requests an interpreter for any court hearings. Language: _____

18. ☐ Additional requests:

Date: _____

Signature of the Plaintiff

(Print name)

Information on Attorney for the Plaintiff, if any

Signature of Attorney

(Print name)

(Address)

(Apt, Unit, No. etc.)

(City/Town)

(State)

(Zip)

Primary Phone #: _____

B.B.O. # _____

E-mail: _____