

**COMMONWEALTH OF MASSACHUSETTS
THE TRIAL COURT
JUVENILE COURT DEPARTMENT**

_____ Division Docket No. _____

COMPLAINT FOR A TEMPORARY ORDER OF SUPPORT

M.G.L. c. 119, §28

1. Plaintiff, _____, who resides at _____
(name)

(street and no.) (city or town)
_____ is
(county) (state) (zip code)
 child
 mother
 father
 guardian/custodian
 parent/personal representative of the mother/father of the child
 the Department of Children and Families/agency licensed under G.L. c. 28A
 the Department of Transitional Assistance/Department of Revenue

2. The child for whom support is sought:

(name) (date of birth) (social security number)

(street and no.) (city/town) (county) (zip code)

3. Defendant(s) is/are:
Name: _____
Address: _____

d/o/b: _____
SSN _____
Relationship to child: _____

4. Are the child's mother and father currently married to each other? Yes No
If no, are mother and father divorced or separated? Yes No

5. If the answers to Question No. 4 are no, has paternity been adjudicated? Yes No
If yes, date paternity was adjudicated _____ Court _____

6. Who has custody of the child? _____

7. A copy of the child's birth certificate is attached.

WHEREFORE, the plaintiff requests that the Court:
 order a suitable amount of support for said child.
 order the defendant to maintain/provide health insurance for the benefit of the child.

Date: _____
Signature of Attorney, or Plaintiff, if pro se
Address _____

Telephone # _____
BBO# _____

This matter shall be heard in conjunction with the petition filed pursuant to G.L. c. 119, §24.