COMPLAINT TO ESTABLISH PATERNITY	Docket No.	Commonwealth of Massachusetts The Trial Court Probate and Family Court

_____, Plaintiff V. _____, Defendant	_____ Division _____ _____ _____ _____

1. Plaintiff, who resides at _____ (Address Line) _____ (Apt, Unit, No. etc.) _____ (City/Town) _____ (State) _____ (Zip), is

   ☐ 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:

   _____ First Name _____ M.I. _____ Last Name Date of Birth _____

   resides at _____ (Address Line) _____ (Apt, Unit, No. etc.) _____ (City/Town) _____ (State) _____ (Zip)

3. Defendant, who resides at _____ (Address Line) _____ (Apt, Unit, No. etc.) _____ (City/Town) _____ (State) _____ (Zip), is the ◯ mother ◯ father of the above-named child who was born out of wedlock.

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. Wherefore, the plaintiff requests that the Court:

   ☐ adjudicate the ◯ plaintiff ◯ defendant to be the father of the child.

   ☐ 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 parenting time with the child.

Date _____

_____
Signature of Attorney or Plaintiff, if pro se

_____
Print name

_____ _____
(Address Line) (Apt, Unit, No. etc.)

_____ _____ _____
(City/Town) (State) (Zip)

Primary Phone #: _____

BBO No.: _____

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