Trial Court of Massachusetts Juvenile Court Department

Division
Division

APPOINTMENT OF AGENT (SEALED)

I,		of			
(Name)				(Street and No.)	
(City or Town)	(County)		(State)	(Zip Code)	appoint
	(Name)	of		(Street and No.)	
(Name)				(Street and No.)	
(City or Town)	(County)		(State)	(Zip Code)	
as my agent and do s	tipulate and agree that	service of	legal proce	ess against me by	
	(Name)	of			
	(Name)			(Street and No.)	
(City or Town)	(County)		(State)	(Zip Code)	
seeking enforcement	of the post-adoption ag	areement e	entered into	on	
	or and poor adoption ag	,		(Date)	
shall have the like eff	ect as if made on me p	ersonally.	I hereby re	voke any previous appointmer	nt of agent.
Date:		Signature:		(PRINCIPAL)	
				(PRINCIPAL)	
Signed in the present	ce of	(1)		CME	
		(Na	me and Addres	ss of Witness)	
	S	Signature:		(WITNESS)	
				(WITNESS)	
		ACCEF	PTANCE		
l,	(Name)	of		(Street and No.)	
	(Name)			(Street and No.)	accept
(City or Town)	(County)		(State)	(Zip Code)	ассері
the appointment.					
Date:	c	Signature:			
Date		ngriature. _.		(AGENT)	

If the agent is no longer able to serve, the person nominating the agent must name a new agent by completing another appointment of agent form and filing the form with the court.