COMPLAINT TO ESTABLISH PATERNITY		SH	Docket No.		Commonwealth of Massachusetts The Trial Court Probate and Family Court			S
First Name		st Name	,Plaintiff				Divisio	า
First Name	V. M.ILas	st Name	,Defendant	t				
intiff, who resides a	at(Address)		Apt, Unit, No. etc.)	()	ity/Town)	(State)	(Zip)	,
a child born out of) father of a child bo	orn out of wed	llock.	(0	(y, 10wii)	(otate)	(21)	
the 🔘 parent	O personal represent	itative o	of the 🔿 m	nother 🔿	father of	a child bor	n out of wedl	ock.
C .	ment of Children and F ubject of this complaint	•	n agency licens	sed under	G. L. c. 28A(⊖ Departr	nent of Reve	nue
First Name	M.I	I	Last Name		Current age		Date of Birth	
(Addre		(Apt, Unit, No. e	tc.) (City/Town)	(S	tate)	(Zip)	
endant, who reside								<u>, </u>
ne () mother ((Addres) (Addres) (Addres		(Apt, Unit, No.		(City/Town)	(Sta	ate) (Zip	,)
0	dant are not married.			lout of we				
•	d was not married at th	ne time of the	child's birth ar	nd was not	married withir	n three hun	dred days	
erefore, the plaintif	f requests that the Cou	urt:						
adjudicate the) plaintiff 🔵 defenda	ant to be the	e father of the c	hild.				
order a suitable an	nount of support for the	e child.						
order the 🔵 plair	ntiff 🔘 defendant to	o 🔿 mainta	ain 🔿 provi	de healt	h insurance fo	r the bene	fit of the child	J.
prohibit the defend	ant from imposing any	restraint on	the personal lit	perty of the	O plaintiff	and/or () the child.	
grant the 🔵 plair	ntiff 🔘 defendant cu	ustody of the	child.					
grant the 🔵 plair	ntiff 🔵 defendant pa	arenting time	with the child.					
		-		Signature of	of Attorney or Pla	intiff, if pro se		
					Print name			
				(Address	Line)	_	(Apt, Unit, No. e	etc.)
				City/Town)		(State)	(Zip)	
			Email:					
			Primary Phone BBO No.:	#:		(State)		(Zip)

OR CUSTODY PROCEEDING		TRIAL COURT OF MASSACHUSETTS Name of Case			DOCKET NUMBER				
BMC		District Court		Juvenile Court	Prob & Family Court Superior Court				
Division		Division Divisi		Division					
Section 1	Section I, hereby declare, to the best of my knowledge, information, and								
Section 2									
_	ABCC								
				name above when referring to the					
Section 3	Section The party filing this affidavit may request certain addresses to be kept confidential if the address is a shelter for battered								
Section 4	Address(es): CHILD A	·		· · · · · · · · · · · · · · · · · · ·) During the Last 2 Years	s, if Different			
Section 5	My address is:								
Section 6	tion I 🗆 have 🗆 have not participated in and I 🗆 know 🗆 do not know of other care or custody proceedings involving the above-named								
				are a or custody proceeding this court or an extension for		s listed in Sections 7 and 8 nas been granted by this court.			
Section 7	The following is a list of all pending or concluded proceedings I have participated in or know of involving the care or custody of the above-named child(ren): [W]itness [P]arty Letter of Child Court Docket No. Status [O]ther [N]one CHILD								
Section 8	The number and addresses of parase of saccary presses ange interning any of the above number of these								
Section 9		-		davit discloses the adoptio o impound this affidavit. S		above-named			
incompete						rs of age or has been adjudged new information is discovered			
Signed this day of , 20 under the penalties of perjury.									
X SIGNATURE OF PARTY OR ATTORNEY OF RECORD FOR JUVENILE/INCOMPETENT PRINTED NAME OF PERSON SIGNING									
CIGINATI									
				SS OF ATTORNEY OF RECORD FOR JUN					

	DOCKET NUMBER						
MILITARY AFFIDAVIT (UNDER 50 U.S.C. § 3931)		Massachusetts Trial Court					
CASE NAME	COUF	T DEPARTMENT (Select only one court.)					
	D Bo	ston Municipal Court 🛛 District Court	Housing Court				
	🗖 Ju	venile Court 🔲 Land Court					
	Pro	Probate & Family Court Superior Court					
V.	COUF	COURT DIVISION OR COUNTY					
Under the Servicemembers Civil F have signed below affirming, to the	Relief Act, 50 U.S.C. § 3931, I, e best of my knowledge, that t	ne following statements are true:	(Insert Name),				
1. As of	(Ins	ert Month/Dav/Year):					
A. The following party(ies)	is/are in military service as d	efined in the Servicemembers Civil	Relief Act.				
B. The following party(ies) is/are NOT in military service as defined in the Servicemembers Civil Relief Act.							
C. The following party(ies) has/have concluded military service as defined in the Servicemembers Civil Relief Act. (Also, indicate the exact date that the party(ies) has/have concluded military service.)							
D. ☐ I am unable to determine whether the following party(ies) is/are in military service as defined in the Servicemembers Civil Relief Act. As a result, under 50 U.S.C. § 3931(b)(3), I understand that the court, before entering a judgment, may require that I file a bond.							

2. You are **required** to state facts that support this affidavit. You **must** fill out this section and check choice "A" or "B."

A. I used the Servicemembers Civil Relief Act Website (<u>https://scra.dmdc.osd.mil/</u>) to determine the military status of the <u>party(ies)</u> listed in this affidavit. (*You are required to provide your search results.*)

The results from my use of the Servicemembers Civil Relief Act Website are attached. (*Required.*) Additional facts (*Optional if search results are attached.*):______

B. I have NOT used the Servicemembers Civil Relief Act Website (<u>https://scra.dmdc.osd.mil/</u>) to determine the military status of the party(ies) listed in this affidavit. However, the following facts support my statement above as to the military status of the party(ies). (*You are required to provide facts below. Please be specific.*)

Note: The term "military service" includes the following: active duty service as a member of the United States Army, Navy, Air Force, Marine Corps, or Coast Guard; service as a member of the National Guard under a call to active service authorized by the President or the Secretary of Defense for a period of more than 30 consecutive days for purposes of responding to a national emergency; active service as a commissioned officer of the Public Health Service or of the National Oceanic and Atmospheric Administration; and any period of service during which a servicemember is absent from duty on account of sickness, wounds, leave, or other lawful cause. 50 U.S.C. § 3911(2). A U.S. citizen who is serving with the forces of a nation with which the United States is allied in a war or military action may also be entitled to relief under the Servicemembers Civil Relief Act if that service is similar to the definition of "military service" discussed above. See 50 U.S.C. § 3914.

Subscribed and certified or declared to be true under penalty of perjury.

SIGNATURE	DATED
PRINT CLEARLY OR TYPE YOUR NAME, ADDRESS, PHONE NUMBER, AND E-MAIL ADDRESS	
	BBO NUMBER (FOR ATTORNEYS)

Standardized (Multi - BMC, DC, HC, JC, LC, PFC, SC)-Civil-TC0002 (04/23) Page 2 of 2



THE COMMONWEALTH OF MASSACHUSETTS Registry of Vital Records and Statistics REGISTRATION OF PATERNITY ADJUDICATION AND OF ORDER TO AMEND BIRTH CERTIFICATE

This document is a permanent record.

This form must be completed and typed in permanent black ink.

If this form is completed electronically, it must be printed on archival-quality acid-free 25% rag bond paper.

Α.	TO BE COMPLETED BY REGISTER OR DESIGNEE OF COURT							
	1. Name of Court/Division & Address:	2. Docket #:	3. INDI	CATE (choose one):				
COURT			□Pa	aternity Adjudication and Amendment				
				ternity Adjudication Only				
				ner (specify):				
	4. Name of Register or Designee:			5. Date of Court Order:				
	4. Name of Register of Designee.			J. Date of Court Order.				
	6. Name of Judge:	7. Date Sent to RVF	RS	RVRS USE ONLY				
				DATE RECEIVED:				
В.	ITEMS 1-7 MUST EXACTLY REFLECT DATA ON CHILD'S CURRENT BIRTH CERTIFICATE							
	8. Birthplace: a. City/Town: b. State/Country:							
CURRENT								
BIRTH	9. Date of Birth:		10. Sex:	M 11a. Plurality: Single				
RECORD	(month/day/year)							
				The Birar Orden				
	12. Full Name of Child: First	Middle		Surname (Last Name)				
	13. Mother's Name:	1	14. Father's N	ame (if listed).				
С.	45 Mathemia Oracial Oracuita Numelar (O							
	15. Mother's Social Security Number (S	SN): 16. Cr	nild's Social Se	curity Number (SSN):				
OTHER								
D.		E CHILD – USE DASHI	ES TO INDICA	TE NO CHANGE OF NAME				
CHILD	17. Full Name of Child: First	Middle						
CHANGE	TT. Full Name of Child. First	Midule		Sumane				
OF NAME								
		TED FATHER IDENTI						
Е.	18a. Full Name of Father: <i>First</i>	Middle		Surname				
FATHER	Toa. Full Marile OF Fauler. First	Midule		Sumame				
TATTER								
	18b. Surname at his birth or adoption:	19.Father's Social Secu	uritv Number (S	SN): 20. Father's Date of Birth:				
			,	(month/day/year)				
	21. Father's Birthplace: a. City/Town: b. State/Country:							
	22a. Father's Current Residence - # and	Street - <u>not</u> a P O Bo	X:					
	22b. City/Town:	c. State/Country:		d. Zip Code:				
		e. etato, ecanay.		a. <u>Lip</u> codo.				
F.		JR PARENT, PARENT	REPRESENT	ATIVE, OR COURT DESIGNEE				
CONTACT	23. Name of Contact: 24. Relationship to Child:							
CONTACT								
	25a. Mailing Address - # and Street, PC) Box or RR		26. Telephone #				
		DOX, OF INT						
	25b. City/Town:	25c. State/Country:		25d. Zip Code				
G.		COPY OF A COURT O	ORDER MUST					
Э.								
	27. UJudgment of Paternity (certifie	eu copy)	ы Juagmen	t of Non-Paternity (certified copy)				
ATTACHED	□ Other (specify):							