

COMPLAINT TO ESTABLISH PATERNITY	Docket No. _____	Commonwealth of Massachusetts The Trial Court Probate and Family Court
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <div style="display: flex; justify-content: space-between; margin-bottom: 5px;"> _____ ,Plaintiff </div> <div style="display: flex; justify-content: space-between;"> First Name M.I. Last Name </div> </div> <div style="width: 5%; text-align: center; margin-top: 10px;">v.</div> <div style="width: 60%;"> <div style="display: flex; justify-content: space-between; margin-bottom: 5px;"> _____ ,Defendant </div> <div style="display: flex; justify-content: space-between;"> First Name M.I. Last Name </div> </div> </div>	<div style="display: flex; justify-content: space-between; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;">▼</div> <div>Division</div> </div>	

1. Plaintiff, who resides at _____ , is

(Address)
(Apt, Unit, No. etc.)
(City/Town)
(State)
(Zip)

☐ 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
Current age
Date of Birth

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

(Address)
(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)

(City/Town)


(State)

(Zip)

Primary Phone #: _____

BBO No.: _____

Email: _____

<div><div><div>MILITARY AFFIDAVIT (UNDER 50 U.S.C. § 3931)</div></div></div>	DOCKET NUMBER	<div>Massachusetts Trial Court</div> <div></div>
CASE NAME	COURT DEPARTMENT (Select only one court.)	
V.	<div><div><input type="checkbox"/> Boston Municipal Court</div><div><input type="checkbox"/> District Court</div><div><input type="checkbox"/> Housing Court</div><div><input type="checkbox"/> Juvenile Court</div><div><input type="checkbox"/> Land Court</div><div><input type="checkbox"/> Probate & Family Court</div><div><input type="checkbox"/> Superior Court</div></div>	
	COURT DIVISION OR COUNTY	

Under the Servicemembers Civil Relief Act, 50 U.S.C. § 3931, I, _____ (Insert **Name**), have signed below affirming, to the best of my knowledge, that the following statements are true:

1. As of _____ (Insert **Month/Day/Year**):

A. ☐ The following party(ies) is/are **in military service** as defined 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 (<https://scra.dmdc.osd.mil/>) to determine the military status of the party(ies) 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 (<https://scra.dmdc.osd.mil/>) 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)



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.

A.	TO BE COMPLETED BY REGISTER OR DESIGNEE OF COURT		
COURT	1. Name of Court/Division & Address:	2. Docket #:	3. INDICATE (choose one): <input type="checkbox"/> Paternity Adjudication and Amendment <input type="checkbox"/> Paternity Adjudication Only <input type="checkbox"/> Other (specify):
	4. Name of Register or Designee:		5. Date of Court Order:
	6. Name of Judge:	7. Date Sent to RVRs	RVRs USE ONLY DATE RECEIVED:
B.	ITEMS 1-7 MUST EXACTLY REFLECT DATA ON CHILD'S CURRENT BIRTH CERTIFICATE		
CURRENT BIRTH RECORD	8. Birthplace: a. City/Town: b. State/Country:		
	9. Date of Birth: (month/day/year)	10. Sex: <input type="checkbox"/> M <input type="checkbox"/> F	11a. Plurality: Single 11b. Birth Order: ----
	12. Full Name of Child: <i>First</i> <i>Middle</i> <i>Surname (Last Name)</i>		
	13. Mother's Name:		14. Father's Name (if listed):
C.	OTHER REQUIRED INFORMATION		
OTHER	15. Mother's Social Security Number (SSN):		16. Child's Social Security Number (SSN):
D.	ADJUDICATED NAME OF CHILD – USE DASHES TO INDICATE NO CHANGE OF NAME		
CHILD CHANGE OF NAME	17. Full Name of Child: <i>First</i> <i>Middle</i> <i>Surname</i>		
E.	ADJUDICATED FATHER IDENTIFICATION AND ADDRESS		
FATHER	18a. Full Name of Father: <i>First</i> <i>Middle</i> <i>Surname</i>		
	18b. Surname at his birth or adoption:	19. Father's Social Security Number (SSN):	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 Box:		
	22b. City/Town:	c. State/Country:	d. Zip Code:
F.	CONTACT INFORMATION FOR PARENT, PARENT REPRESENTATIVE, OR COURT DESIGNEE		
CONTACT	23. Name of Contact:		24. Relationship to Child:
	25a. Mailing Address - # and Street, PO Box, or RR		26. Telephone #
	25b. City/Town:	25c. State/Country:	25d. Zip Code
G.	A CERTIFIED COPY OF A COURT ORDER MUST BE ATTACHED.		
ATTACHED	27. <input type="checkbox"/> Judgment of Paternity (certified copy) <input type="checkbox"/> Judgment of Non-Paternity (certified copy) <input type="checkbox"/> Other (specify):		

Mail this form, with attachments, to:

Registry of Vital Records and Statistics, Amendments Unit
150 Mount Vernon St., 1st Floor, Dorchester, MA 02125-3105