



# Massachusetts Trial Court: Chapter 209A Complaint Packet

## Abuse Prevention Orders (also known as “Restraining Orders” or “209A Orders”)

Under Chapter 209A of the Massachusetts General Laws, judges can issue orders to protect people from abuse by family or household members. Police departments have access to these orders and are required to enforce them.

The law defines abuse as “the occurrence of any of the following acts between family or household members: (a) attempting to cause or causing physical harm; (b) placing another in fear of imminent serious physical harm; (c) causing another to engage involuntarily in sexual relations by force, threat, or duress; or (d) coercive control<sup>1</sup>.” *Massachusetts General Laws, chapter 209A, section 1*.

You can apply for an order at most courthouses (Boston Municipal Court, District Court, Probate & Family Court, or Superior Court) Monday through Friday from 8:30 AM – 4:30 PM. **Filing for an order is free. There is no filing fee.**

When you submit your application, a judge will hold a hearing about the application as soon as possible. **In an emergency** that happens after court hours, on weekends, or on holidays, you may ask your local police department to call a judge for you.

A request for a 209A (restraining) order is a request for a civil order to protect against future abuse. You are the “plaintiff” and the person you are looking for protection against is the “defendant.” The defendant’s action(s) may also be criminal. You may want to talk to the District Attorney’s office or the police department where the reported abuse occurred. Talking to the District Attorney’s office or the police department is **not** required to submit your paperwork or to get an order, but may help you understand your options, including whether criminal charges can be brought.

## Filing Information

Below is a list of forms included in this packet. Each form should be completed following the instructions for that form.

- Complaint Form
- Affidavit
- Plaintiff Confidential Information Form
- Defendant Information Form

These materials will help you prepare for your hearing. You may fill these out before you got to or at the courthouse, but you must either submit the forms in person or talk to the court staff first to apply for an order. Court staff will instruct you on how to submit your documents.

## Confidentiality of the Case Records

If you or the person you are seeking the order against are under the age of 18, members of the public will not be able to see the court records. If you and the person you are seeking the order against are both over 18, members of the public will generally be able to see the court records. If you have reasons to ask the judge to keep parts of the court record confidential, you may submit a written request (a “motion”) asking the judge to do so.

**Please Note:** Your home and work addresses will appear on the order, and the person whom you are seeking the order against will be able to see them. You may ask the judge to keep your address information off the order, and you may be required to submit a written request (a “motion”) asking that your home and/or work address be kept off the order.

## Language Resources

**Interpreters are available at no cost.** Please tell the court if you need language help when you apply for an order. Translated copies of this Chapter 209A Complaint Packet are available in several languages for reference only, and English forms must be submitted to the court.

## Help

Advocates may be available at the courthouse and can help you with restraining order applications and safety planning. Advocates may also be able to provide information about available free or reduced-charge legal services. Community-based domestic violence or rape crisis agencies can connect you with advocates who offer free and confidential services. Child Witness to Violence programs may be able to help if you are concerned about any effects on your children.

<sup>1</sup> **Coercive control** is either a **single act** of: (1) harming or attempting to harm a child or relative of the family or household member; (2) committing or attempting to commit abuse to an animal connected to the family or household member; or, (3) publishing or attempting to publish sexually explicit images of the family or household member; **OR**, a **pattern of behavior** intended to threaten, intimidate, harass, isolate, control, coerce or compel compliance of a family or household member that causes that family or household member to reasonably fear physical harm or have a reduced sense of physical safety or autonomy.



## Important Terms to Know

- The **plaintiff** is the person seeking protection from abuse. If you are a parent or guardian seeking protection on behalf of a minor (under the age of 18), the minor should be listed as the plaintiff.
- The **defendant** is the person accused of abusing the plaintiff.
- **Family or household members** are persons who are or were married; are or were engaged; are or were dating; are the parents of one or more children together; are not married, but related to each other by blood or marriage; or, are not related, but are or used to live in the same household.

## These are the Forms You Must File with the Court

- **Complaint for Protection from Abuse**

- This form asks questions about the type of relationship between you and whether either you or the defendant are under the age of 18. This form also asks for a description about the kind (nature) of the abuse that occurred. The form also asks and what protections (relief) you are asking the judge to order. The Complaint lists the type of orders a judge can make.

- **Affidavit**

- This form asks you to describe in detail the most recent incidents of abuse. If alleging coercive control other than one of the single acts listed in the law, you should describe at least three separate acts of coercively controlling behavior. The judge needs as much information as possible about what happened, what each person did, the date or dates of the abuse and where it happened, whether there were any injuries, and whether you or anyone else sought medical or other help. Also describe any history of abuse, including the most severe incidents, with as much of the above detail as possible.  
**Please Note:** Unless the court allows a Motion for Impoundment, this affidavit will be public record, including any names or addresses included in the affidavit. A Motion for Impoundment is a written request to the court asking to keep certain information out of the public record. If you have questions about how to file a Motion for Impoundment, please ask the court staff.
- If there are prior or pending court matters between you and the defendant, it is helpful if you bring any court papers with you to the hearing.

- **Plaintiff Confidential Information Form**

- This form asks for your contact information. The court needs to be able to communicate with you to let you know when the hearing on your complaint will be held. You will need to participate in the hearing. Your contact information is kept confidential. This means that your information is not available to the public, the defendant, or the defendant's attorney. Except with special permission from a judge, the answers you give on this form are only available to you, your attorney, to those you authorize to have access, and to certain persons when necessary to do their job (for example: advocates or police officers). If you have concerns about the court contacting you directly, please let the court know and provide another way the court can reach you.

- **Defendant Information Form**

- This form asks questions about the defendant. These questions are important because they help the police know what the defendant looks like and how to find the defendant. This is important because the police must give the defendant a copy of any order issued by the judge.

**COMPLAINT FOR PROTECTION FROM ABUSE**  
**G.L. c. 209A (Page 1 of 2)**

DOCKET NO.

**Massachusetts Trial Court**



☐ Boston Municipal Court    ☐ District Court    ☐ Probate & Family Court    ☐ Superior Court    COURT DIVISION:

NAME OF PLAINTIFF (*person seeking protection*)

NAME OF DEFENDANT (*person accused of abuse*)

- ☐ Plaintiff is 18 years old or older.  
☐ Plaintiff is less than 18 years old.  
☐ Plaintiff has one or more children less than 18 years old and is asking for an order about the children. *If yes, Plaintiff completes page 2.*

- ☐ Defendant is 18 years old or older.  
☐ Defendant is less than 18 years old.

**NATURE OF ABUSE**

On or about \_\_\_\_\_ (*date(s), examples: October 6, 2024, Oct 2024, Fall 2024*) the Defendant (*select all that apply*):

- ☐ Caused me physical harm  
☐ Attempted to cause me physical harm  
☐ Placed me in fear of imminent serious physical harm  
☐ Caused me to engage in sexual relations by force, threat, or duress
- ☐ Engaged in coercive control by:  
☐ Harming or attempting to harm my child(ren) or relative  
☐ Abusing or attempting to abuse an animal connected to me  
☐ Publishing or attempting to publish sexually explicit images of me  
☐ A pattern of behavior as described in G.L. c. 209A, 1(d)(a)

**QUALIFYING RELATIONSHIP**

The Defendant and I (*select all that apply*):

- ☐ Are currently married to each other  
☐ Were formerly married to each other  
☐ Are currently engaged to each other  
☐ Were formerly engaged to each other  
☐ Are currently dating each other  
☐ Were formerly dating each other
- ☐ Are the parents of one or more children together  
☐ Are not married, but are related to each other by blood or marriage; specifically, the Defendant is my (*relationship to me*):  
☐ Are not related, but live in the same household  
☐ Are not related, but used to live in the same household

**OPEN OR CLOSED COURT MATTERS**

Are there any open or closed court actions involving you and the Defendant, including for divorce, annulment, separate support, legal separation, or abuse prevention (restraining orders) or any criminal proceedings?

- ☐ No  
☐ Yes; please list the court name (including any courts not in Massachusetts), type of case, and any other information that will be helpful:

**Court Name and Location**

**Type of Case**

**Is the case open or closed?**

**REQUEST FOR RELIEF**

I am asking the Court (*select all that apply*):

- ☐ To order the Defendant to stop abusing me.  
☐ To order the Defendant not to contact me at all.  
☐ To order the Defendant not to contact me, except as authorized by the court, by: ☐ Phone ☐ Text ☐ Email ☐ Other: \_\_\_\_\_  
☐ To order the Defendant to leave and remain away from my residence (home) (*as listed on the Plaintiff Confidential Information form*).  
☐ To order the Defendant to leave and remain away from my workplace/employer (*as listed on the Plaintiff Confidential Information form*).  
☐ To order the Defendant to leave and remain away from my school (*as listed on the Plaintiff Confidential Information form*).  
☐ To order that my residential (home) address not appear on the order so the Defendant does not see it.  
☐ To order that my workplace address not appear on the order so the Defendant does not see it.  
☐ To order that my school address not appear on the order so the Defendant does not see it.  
☐ To order the Defendant to pay me \$ \_\_\_\_\_ in compensation for the following losses suffered as a direct result of the abuse:  
\_\_\_\_\_  
☐ To order the Defendant, who is legally required to, to pay temporary child support and/or alimony to me.  
☐ To order the relief requested on Page 2 of this Complaint pertaining to my minor child(ren).  
☐ To order that the Defendant refrain from abusing, threatening, taking, interfering with, transferring, encumbering, concealing, harming, or otherwise disposing of the following animal(s):  
☐ To order that I be given possession, care, and control of the following animal(s):  
☐ To order the following:

**SIGNATURE**

Select the most appropriate:

- ☐ I am the Plaintiff and I completed this Complaint form and am filing it myself.  
☐ I am not the Plaintiff, but I completed this Complaint form and am filing it on behalf of the Plaintiff. My relationship to the Plaintiff is:

DATE

PRINTED NAME

SIGNATURE

If the Court issues a temporary Order, the Court will schedule a hearing within 10 court business days to determine whether to continue the Order. You must be present at the next scheduled hearing, or the Order will expire. The Defendant may participate with or without an attorney to oppose any extension of an Order.



**ISSUES PERTAINING TO CHILDREN**

This page of the Complaint must be completed if the Plaintiff has any children under 18 years old.

**RELATED PROCEEDINGS: CARE OR CUSTODY**

If you have any child(ren) under 18 years old, please select one of the two statements below, as applicable.

- ☐ I have not participated in **and** I do not know of other care or custody proceedings.
- ☐ I have participated in **and/or** I know of other care or custody proceedings.

If you selected the second option and have participated in and/or know of other care or custody proceedings, you should also complete and file the **Child Care or Custody Disclosure Affidavit** as required by Trial Court Uniform Rule IV. Please ask court staff to give you this form.

**RELATED PROCEEDINGS: PATERNITY**

Are there any open or closed court actions in Massachusetts or in any other state or country involving you and the Defendant for paternity?

YES NO

**CHILDREN UNDER 18 YEARS OLD**

Please list the name(s) and age(s) of your child(ren) that are under 18 years old:

Name:	Age:	Name:	Age:
Name:	Age:	Name:	Age:
Name:	Age:	Name:	Age:

*If the Plaintiff alleges that the Defendant has not abused the Plaintiff and has only abused the above-named child(ren), a Complaint on behalf of each child should be filed with the court. If you have any questions about this, you can ask the court staff what is required.*

**REQUEST FOR CUSTODY OF MINOR CHILD(REN) OF THE PARTIES**

- ☐ I ask the Court to grant me full custody of the above listed minor child(ren).

**REQUEST FOR NO CONTACT WITH CHILDREN**

- ☐ I ask the Court to order the Defendant not to contact the minor child(ren).
- ☐ I ask the Court to order the Defendant not to contact the minor child(ren) except as authorized by the court by:
- ☐ Phone ☐ Text ☐ Email ☐ Other: \_\_\_\_\_
- ☐ I ask the Court to order the Defendant to stay away from the minor child(ren)'s schools and/or daycare(s) listed below:

The specific reasons I am asking that the Court order the Defendant not to contact and/or remain away from the Defendant's minor child(ren) are:

**REQUEST FOR PERMITTED PARENTING TIME**

**Requests for Parenting Time are ONLY available if the Plaintiff is filing a Complaint in the Probate and Family Court.**

- ☐ I ask the Court to not permit parenting time between the Defendant and our minor child(ren).
- ☐ I ask the Court to restrict parenting time between the Defendant and our minor child(ren) by:
- Permitting parenting time only at the following visitation center: \_\_\_\_\_, to be paid for by \_\_\_\_\_ (name).
  - Permitting parenting time only when supervised by \_\_\_\_\_ (name), at the following times: \_\_\_\_\_, to be paid for by \_\_\_\_\_ (name).
  - Permitting parenting time only if a third party, \_\_\_\_\_ (name), picks up and drops off our minor child(ren).
  - Other

**TEMPORARY SUPPORT**

- ☐ I ask the Court to order the Defendant, who has legal obligation to do so, to pay temporary support for any child(ren) in my custody.

**SIGNATURE**

Select the most appropriate:

- ☐ I am the Plaintiff and I completed this Complaint form and am filing it myself.
- ☐ I am not the Plaintiff, but I completed this Complaint form and am filing it on behalf of the Plaintiff. My relationship to the Plaintiff is:

DATE

PRINTED NAME

SIGNATURE

**AFFIDAVIT  
FOR PROTECTION FROM  
ABUSE  
G.L. c. 209A**

Describe in detail the most recent incidents of abuse. If alleging coercive control other than one of the single acts listed in the law, you should describe at least three separate acts of coercively controlling behavior. The judge requires as much information as possible, such as what happened, each person's actions, the dates, locations, any injuries, and any medical or other help sought. Also describe any history of abuse, including the most serious incidents of abuse, with as much of the above detail as possible. **Please Note:** Unless the court allows a Motion for Impoundment, this affidavit will be public record, including any names or specific addresses included in the affidavit. A Motion for Impoundment is a written request to the court asking to keep certain information out of public record. If you have questions about how to file a Motion for Impoundment, please ask the clerk's or register's office.

On or about \_\_\_\_\_ (date(s), examples: October 6, 2024, October 2024, or Fall 2024), the Defendant:

☐ If this box is checked, more space is needed, and \_\_\_\_\_ (number, how many) additional pages are attached.

**SIGNATURE**

Select the most appropriate:

- ☐ I am the Plaintiff and I completed this Affidavit myself and I declare under penalty of perjury that all statements of fact made above and those included in the Complaint form, are true to the best of my knowledge.
- ☐ I am a Court Certified Interpreter and this is a translated version of the Plaintiff's Affidavit. Language: \_\_\_\_\_
- ☐ I am a law enforcement officer. I completed this Affidavit with information provided by the Plaintiff.
- ☐ I am not the Plaintiff, but I transcribed this Affidavit on behalf of the Plaintiff. My relationship to the Plaintiff is: \_\_\_\_\_

DATE

PRINTED NAME

SIGNATURE

**SUPPLEMENTAL AFFIDAVIT**  
**FOR PROTECTION FROM ABUSE**  
**G.L. c. 209A**

To be used when a plaintiff requires additional space to describe the abuse.

**Please Note:** Unless the court allows a Motion for Impoundment, this affidavit will be public record, including any names or specific addresses included in the affidavit. A Motion for Impoundment is a written request to the court asking to keep certain information out of public record. If you have questions about how to file a Motion for Impoundment, please ask the clerk's or register's office.

Continued from page \_\_\_\_ of \_\_\_\_ total pages.

☐ If this box is checked, more space is needed, and \_\_\_\_ (*number, how many*) total additional pages are attached.

SIGNATURE		
DATE	PRINTED NAME	SIGNATURE

**PLAINTIFF CONFIDENTIAL INFORMATION FORM**  
**G.L. c. 209A, § 8 or G.L. c. 258E, § 10**

DOCKET NO. (for court use only)

**Massachusetts Trial Court**



**This form should be sealed in an envelope marked "PLAINTIFF'S ADDRESS – CONFIDENTIAL."**

PLAINTIFF'S NAME

PLAINTIFF'S DATE OF BIRTH

☐ If this box is checked, the Plaintiff is asking for/needs an interpreter (including sign language). Language: \_\_\_\_\_

PLAINTIFF'S EMAIL ADDRESS

PLAINTIFF'S CELLPHONE NUMBER

PLAINTIFF'S RESIDENTIAL (HOME) ADDRESS (NUMBER, STREET, CITY, STATE, ZIP)

PLAINTIFF'S MILITARY AFFILIATION

☐ If this box is checked, this is in an apartment building or multiple family dwelling (home).

- ☐ Active Duty
- ☐ Guard/Reserves
- ☐ Veteran
- ☐ Family Member
- ☐ None/Do Not Know

ANY FORMER ADDRESS PLAINTIFF HAS LEFT TO AVOID ABUSE (for G.L. c. 209A abuse prevention cases only)

NAME OF PLAINTIFF'S WORKPLACE/EMPLOYER (list the company/business and boss/supervisor)

ADDRESS OF PLAINTIFF'S WORKPLACE (NUMBER, STREET, CITY, STATE, ZIP)

PLAINTIFF'S WORKPLACE PHONE NUMBER

NAME OF PLAINTIFF'S SCHOOL

ADDRESS OF PLAINTIFF'S SCHOOL (NUMBER, STREET, CITY, STATE, ZIP)

**THIS FORM IS CONFIDENTIAL AND IS NOT AVAILABLE TO THE PUBLIC, THE DEFENDANT, OR THE DEFENDANT'S ATTORNEY.**

Except with a judge's permission, this form is available only to you, to your attorney, to those you authorize to have access (see below), and to certain people when access is necessary in the performance of their duties (prosecutors, law enforcement officers, victim-witness advocates, sexual assault counselors, and, in G.L. c. 209A cases, domestic violence counselors).

PERSONS AUTHORIZED BY PLAINTIFF TO HAVE ACCESS TO THIS CONFIDENTIAL INFORMATION


DATE

PLAINTIFF'S SIGNATURE

**IF A JUDGE ORDERS THE DEFENDANT TO STAY AWAY FROM YOUR RESIDENCE (HOME), WORKPLACE, OR SCHOOL, THOSE ADDRESSES WILL APPEAR ON THE COURT ORDER. THEY WILL NOT BE AVAILABLE TO THE PUBLIC BUT THE DEFENDANT WILL BE ABLE TO SEE THEM. If you do not want those addresses to appear on the court Order and do not want the Defendant to know them, you should specifically ask that your home, work, and/or school address be kept off the order. Please note if the court grants that request and any address is not listed on the Order, the police cannot find out your address unless they contact the court during court business hours or unless you notify the police of your address.**

*If you and the Defendant are both over 18*, the public will generally be able to see the court records. If you have reasons to ask the judge to keep parts of the court record confidential, you may submit a written request (a "motion") asking the judge to do so. You can ask the Clerk's or Register's Office to explain how to file a Motion for Impoundment under Trial Court Uniform Rule VIII on Impoundment Procedure. You may file a Motion for Impoundment if you have good reasons why your addresses or other confidential information in this case should not be disclosed to those who would otherwise have access in the course of their duties (prosecutors, law enforcement officers, victim-witness advocates, sexual assault counselors and, in G.L. c. 209A cases, domestic violence counselors). Usually, a general preference for privacy is not alone a sufficient reason for a judge to impound court records from public inspection.

*If you or the Defendant is under the age of 18*, members of the public will not be able to see the court records. The court records will only be available only to you and the Defendant, and to your attorneys. These records will also be available to a parent or guardian of any party who is under 18.

<b>DEFENDANT INFORMATION FORM</b> <b>AS PROVIDED BY PLAINTIFF</b> <b>G.L. c. 209A or G.L. c. 258E</b>				DOCKET NO. <i>(for court use only)</i>		<b>Massachusetts Trial Court</b>			
The below information is needed to help police to identify and find the Defendant to serve the Defendant with a copy of any abuse prevention or harassment prevention order that is issued. Please provide as much information as possible. If you do not know some information, please let court staff know so they can help you.									
DEFENDANT'S NAME (FIRST, MIDDLE, & LAST) <i>(full legal/birth name)</i>						DATE OF BIRTH			
OTHER NAMES USED BY THE DEFENDANT, IF ANY <i>(aliases, nicknames, former names)</i>						PLACE OF BIRTH (City, State, Country)			
<input type="checkbox"/> If this box is checked, the Defendant may ask for/need an interpreter (including sign language). Language:									
MOTHER'S NAME (FIRST & MAIDEN)			FATHER'S NAME (FIRST & LAST)			SOCIAL SECURITY NUMBER <i>(last four)</i> XXX – XX –			
<b>DESCRIPTION OF DEFENDANT</b>									
SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		GENDER IDENTITY		RACE		ETHNICITY		PHOTO AVAILABLE <i>(helpful for ID)</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	
BUILD <i>(body type)</i>		EYES <i>(color)</i>		HAIR <i>(color)</i>		HEIGHT		WEIGHT	
OTHER PHYSICAL CHARACTERISTICS <i>(glasses, scars, tattoos, complexion, hairstyle)</i>						DEFENDANT'S MILITARY AFFILIATION <input type="checkbox"/> Active Duty <input type="checkbox"/> Guard/Reserves <input type="checkbox"/> Veteran <input type="checkbox"/> Family Member <input type="checkbox"/> None/Do Not Know			
<b>CONTACT &amp; LOCATION INFORMATION FOR DEFENDANT</b>									
DEFENDANT'S CELLPHONE NUMBER						DEFENDANT'S EMAIL ADDRESS			
DEFENDANT'S RESIDENTIAL (HOME) ADDRESS (NUMBER, STREET, CITY, STATE, ZIP)									
<input type="checkbox"/> If this box is checked, the Defendant lives in an apartment. The apartment is on the _____ <i>(first, tenth, etc.)</i> floor and the name on the door/mailbox of the apartment is _____.									
DEFENDANT'S WORKPLACE/EMPLOYER <i>(list the company/business and boss/supervisor)</i>						WORK TELEPHONE NUMBER			
WORK ADDRESS (NUMBER, STREET, CITY, STATE, ZIP)						JOB TITLE			
DEPARTMENT						WORK HOURS			
VEHICLE LICENSE PLATE NUMBER		YEAR		MAKE		MODEL		COLOR	
<b>OTHER INFORMATION</b>									
It is important that the police can keep everyone safe when serving any abuse prevention or harassment prevention Order that the Court issued.									
<b>Does the Defendant have:</b> A history of violence toward police officers? <span style="float: right;"><input type="checkbox"/> No   <input type="checkbox"/> Yes   <input type="checkbox"/> Do Not Know</span> Access to or possess guns, ammunition, a license to carry firearms, a firearms identification card? <span style="float: right;"><input type="checkbox"/> No   <input type="checkbox"/> Yes   <input type="checkbox"/> Do Not Know</span> A history of using and/or abusing drugs and/or alcohol? <span style="float: right;"><input type="checkbox"/> No   <input type="checkbox"/> Yes   <input type="checkbox"/> Do Not Know</span> Mental health concerns? <span style="float: right;"><input type="checkbox"/> No   <input type="checkbox"/> Yes   <input type="checkbox"/> Do Not Know</span>									
ANY OTHER INFORMATION WHICH MIGHT BE HELPFUL IN LOCATING THE DEFENDANT <i>(Include best place and/or time to find, temporary residence, friends' and/or relatives' houses, etc. If you do not know specific details about the car the defendant drives, you can describe it here.)</i>									
DATE		PRINT PLAINTIFF'S NAME				PLAINTIFF'S SIGNATURE			