

**MOTION TO PARTICIPATE IN PATHS
FAMILY TREATMENT COURT**

IN THE MATTER OF (Petitioner's Name)

Massachusetts Trial Court
Juvenile Court Department

DOCKET NO. (To Be Completed by Court Only)

DIVISION:

I am asking to be allowed to participate in the PATHS Family Treatment Court. In support of this request, I state the following:

☐ The Care and Protection was filed on: _____.
(Date)

☐ I am 18 years old or older.

☐ It is my understanding that all parties agree to this motion.

SIGNED UNDER THE PAINS AND PENALTIES OF PERJURY

DATE SIGNED

PETITIONER'S SIGNATURE

PETITIONER'S LAST NAME

FIRST NAME

MIDDLE INITIAL

PETITIONER'S ADDRESS

CITY

STATE

ZIP CODE

PETITIONER'S ATTORNEY'S NAME (if applicable)

PETITIONER'S ATTORNEY'S ADDRESS (if applicable)

PETITIONER'S ATTORNEY'S PHONE (if applicable)

DCF'S ATTORNEY(S) INFORMATION

ATTORNEY'S NAME (if applicable)

ATTORNEY'S ADDRESS (if applicable)

ATTORNEY'S PHONE (if applicable)

OTHER'S ATTORNEY(S) INFORMATION

ATTORNEY'S NAME (if applicable)

ATTORNEY'S ADDRESS (if applicable)

ATTORNEY'S PHONE (if applicable)

Attorney for:

ATTORNEY'S NAME (if applicable)

ATTORNEY'S ADDRESS (if applicable)

ATTORNEY'S PHONE (if applicable)

Attorney for: