



MASSACHUSETTS
TRIAL COURT

**SUBSEQUENT TO REGISTRATION
COMPLAINT COVER SHEET**
(FOR USE IN ALL "S-CASES")

COURT USE ONLY

COURT DEPARTMENT
LAND COURT

COUNTY

CASE NAME
[In the matter of]

DOCKET NUMBER

-SBQ-

2-DIGIT YEAR PLAN NUMBER FILING MONTH SEQUENCE NUMBER

PART I – FILING REQUIREMENTS

1. Plan Number: _____ Other relevant references: _____
2. A complaint that describes the claim(s) and includes supporting allegations. (Use Land Court forms where required. Available at <https://www.mass.gov/lists/land-court-forms>.)
3. All supporting documentation and exhibits required by the Registered Land Guidelines, Memoranda issued by the Land Court Chief Title Examiner, and any applicable forms. (Visit <https://www.mass.gov/guides/land-court-registered-land-resources> for more information.)
4. An attested copy of the outstanding Certificate of Title **-or-** if the Certificate of Title has not been prepared, a copy of the deed(s) into the current owner(s) and an attested copy of the most recent prior Certificate of Title.
5. \$50.00 filing fee. (Please make checks payable to either Land Court or Commonwealth of Massachusetts. Credit cards accepted only for in-person filing.)
6. List related cases in the Land Court Department: _____

PART II – TYPE OF ACTION

Using the list below, place an "X" next to the main cause of action asserted in the complaint.

SAD	Subsequent Complaint for Certificate after Death	SNT	Subsequent Complaint for New Certificate after Judgment of Tax Lien Foreclosure
SAP	Subsequent Complaint for Approval of Plan	SVW	Subsequent Complaint for Voluntary Withdrawal Under G.L. Chapter 185, Sec. 52
SCR	Subsequent Complaint for Correction of Records (REGISTRY USE ONLY)	SAT	Subsequent Complaint for Certificate after Termination of Trust
SCV	Subsequent Complaint for Certificate after Divorce	SCT	Subsequent Complaint Involving Trust (Other)
SED	Subsequent Complaint after Eminent Domain Taking	SAC	Subsequent Complaint to Amend and/or Cancel Certificate (Other)
SEM	Subsequent Complaint to Expunge Mortgage, Assignment, or Other Document	SSS	Subsequent Complaint after Sheriff Sale
SLV	Subsequent Complaint after Low Value Sale	SOT	Subsequent Complaint (Other, specify) _____

NAME (ATTORNEY OR PARTY(S))			B.B.O. NUMBER (IF APPLICABLE)		
FIRM OR AGENCY NAME (IF APPLICABLE)			OFFICE OR HOME PHONE NUMBER		
STREET ADDRESS		APT/UNIT #	CELL PHONE NUMBER		
CITY/TOWN	STATE	ZIP CODE	E-MAIL ADDRESS		
DATE		SIGNATURE			