


AFFIDAVIT DISCLOSING CARE OR CUSTODY PROCEEDINGS		TRIAL COURT OF MASSACHUSETTS			DOCKET NUMBER																								
Pursuant to Trial Court Rule IV		Name of _____		Case: _____ v. _____																									
<input type="checkbox"/> Boston Municipal Court	<input type="checkbox"/> District Court Division _____	<input type="checkbox"/> Juvenile Court Division _____	<input checked="" type="checkbox"/> Probate & Family Court Division _____	<input type="checkbox"/> Superior Court Division _____																									
Section 1	I, _____, hereby declare, to the best of my knowledge, information and belief that all the information on this form is true and complete:																												
Section 2	The name(s) of the child(ren) whose care or custody is at issue is (are): A. _____ (LAST, FIRST) B. _____ (LAST, FIRST) C. _____ (LAST, FIRST) Use only the letter appearing in front of the child's name above when referring to that child when completing the remaining sections.																												
Section 3	The party filing this affidavit may request certain addresses to be kept confidential if the address is a shelter for battered persons and their dependent child(ren), or the party filing this affidavit believes that he/she or the child(ren) is/are in danger of physical or emotional abuse, or the party is filing an action under G.L.c. 209A. If you believe that this provision applies to you, check box at right, complete sections 10 and 11 on the reverse side of this page and DO NOT complete sections 4 and 5 below.				<input type="checkbox"/>																								
Section 4	The address(es) of the above-named child(ren) whose care or custody is at issue in this case is/are: <table style="width:100%; border:none;"> <tr> <td style="width:50%;"></td> <td style="text-align:center;">Address(es)</td> <td style="width:50%;"></td> <td style="text-align:center;">Address(es) During Last 2 Years, If Different</td> </tr> <tr> <td>CHILD A.</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>CHILD B.</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>CHILD C.</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </table>						Address(es)		Address(es) During Last 2 Years, If Different	CHILD A.	_____	_____	_____	CHILD B.	_____	_____	_____	CHILD C.	_____	_____	_____								
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CHILD A.	_____	_____	_____																										
CHILD B.	_____	_____	_____																										
CHILD C.	_____	_____	_____																										
Section 5	My address is: _____																												
Section 6	I <input type="checkbox"/> have <input type="checkbox"/> have not participated in and I <input type="checkbox"/> know <input type="checkbox"/> do not know of other care or custody proceedings involving the above-named child(ren) in Massachusetts or in any other state or country.																												
Certified copies of any pleadings or determinations in a care or custody proceeding outside of Massachusetts listed in sections 7 and 8 must be filed with this affidavit unless already filed with this court or an extension for filing these documents has 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): <table style="width:100%; border:none;"> <thead> <tr> <th style="width:10%;"></th> <th style="width:10%;">Letter of Child</th> <th style="width:20%;">Court</th> <th style="width:20%;">Docket No.</th> <th style="width:20%;">Status of Case (Custody awarded to) (Date of award)</th> <th style="width:10%;">[W]itness [P]arty [O]ther [N]one</th> </tr> </thead> <tbody> <tr> <td>CHILD 1</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td style="text-align:center;">[]</td> </tr> <tr> <td>CHILD 2</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td style="text-align:center;">[]</td> </tr> <tr> <td>CHILD 3</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td style="text-align:center;">[]</td> </tr> </tbody> </table>						Letter of Child	Court	Docket No.	Status of Case (Custody awarded to) (Date of award)	[W]itness [P]arty [O]ther [N]one	CHILD 1	_____	_____	_____	_____	[]	CHILD 2	_____	_____	_____	_____	[]	CHILD 3	_____	_____	_____	_____	[]
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CHILD 2	_____	_____	_____	_____	[]																								
CHILD 3	_____	_____	_____	_____	[]																								
Section 8	The names and addresses of parties to care or custody proceedings involving (any of) the above-named child(ren) or those claiming a legal right to this (these) child(ren) during the last two years (not including myself) are: <table style="width:100%; border:none;"> <tr> <th style="width:10%;"></th> <th style="width:20%;">Letter of Child</th> <th style="width:30%;">Name of Party/Claimant</th> <th style="width:30%;">Current (or last known) Address of Party/Claimant</th> </tr> <tr> <td>CHILD 1</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>CHILD 2</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>CHILD 3</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </table>						Letter of Child	Name of Party/Claimant	Current (or last known) Address of Party/Claimant	CHILD 1	_____	_____	_____	CHILD 2	_____	_____	_____	CHILD 3	_____	_____	_____								
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CHILD 2	_____	_____	_____																										
CHILD 3	_____	_____	_____																										
Section 9	If the box at the right is checked, this affidavit discloses the adoption of one or more of the above-named child(ren) and I am requesting the court to impound this affidavit. See instructions.				<input type="checkbox"/>																								
This affidavit must be personally signed by the party listed in section 1 above, unless he/she is under 18 years of age or has been adjudged incompetent, in which case the attorney of record must sign. A revised affidavit must be filed with the court if new information is discovered subsequent to this filing.																													
Signed this _____ day of _____, 20____, under the penalties of perjury.																													
X																													
_____ SIGNATURE OF PARTY OR ATTORNEY OF RECORD FOR INCOMPETENT/JUVENILE		_____ PRINTED NAME OF PERSON SIGNING																											
_____ ADDRESS OF ATTORNEY OF RECORD FOR INCOMPETENT/JUVENILE																													
THE PARTY FILING THIS AFFIDAVIT MUST FURNISH A COPY OF IT TO ALL OTHER PARTIES TO THIS ACTION.																													

COURT'S COPY

ADDRESSES TO BE KEPT CONFIDENTIAL

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The party filing this affidavit may request certain addresses to be kept confidential if the address is a shelter for battered persons and their dependent child(ren), or the party filing this affidavit believes that he/she or the child(ren) is/are in danger of physical or emotional abuse, or the party is filing an action under G.L.c. 209A. **If you believe that this provision applies to you, check box at right, complete sections 10 and 11 on the reverse side of this page and DO NOT complete sections 4 and 5 below.**

	The address(es) of the child(ren) listed in section 2 whose care or custody is at issue in this case is (are)		
Section 10	Child(ren)	Address(es)	Address(es) During Last 2 Years, If Different
	Child A.	_____	_____
		Street Address	Street Address
		_____	_____
		City, State, Zip Code	City, State, Zip Code
	Child B.	_____	_____
		Street Address	Street Address
		_____	_____
		City, State, Zip Code	City, State, Zip Code
Child C.	_____	_____	
	Street Address	Street Address	
	_____	_____	
	City, State, Zip Code	City, State, Zip Code	

Section 11	My address is: _____ <div style="text-align:center; font-size: small;">Street Address, City, State, Zip Code</div>
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LIST OF ATTORNEYS AND GUARDIANS AD LITEM / INVESTIGATORS	
Please list the names of all attorneys and guardians ad litem involved in the pending proceedings listed in section 7.	
1.	<input type="checkbox"/> _____ <small>Attorney(s) for child(ren) (Please specify if each child is represented by a different attorney.)</small> <input type="checkbox"/> _____ <input type="checkbox"/> _____
2.	<input type="checkbox"/> _____ <small>GAL(s)/Investigator(s) (Please indicate if a GAL has been appointed to represent a specific child.)</small> <input type="checkbox"/> _____ <input type="checkbox"/> _____
3.	<input type="checkbox"/> _____ <small>Attorney(s) for mother</small> <input type="checkbox"/> _____
4.	<input type="checkbox"/> _____ <small>Attorney(s) for father</small>
(Fill Out Below If Applicable)	
I, _____, attorney for D.S.S. or its agent have ascertained from the above checked off attorney(s) and guardian(s) as litem/investigator(s) a willingness to accept an appointment from the court to represent the same party should the court elect to make such an appointment.	
_____ <small>(Signature)</small>	