

**AFFIDAVIT DISCLOSING CARE OR CUSTODY PROCEEDINGS**

**TRIAL COURT OF MASSACHUSETTS**



**DOCKET NUMBER**

Pursuant to Trial Court Rule IV

Name Of Case \_\_\_\_\_

Boston Municipal Court

District Court  
\_\_\_\_\_  
Division

Juvenile Court  
\_\_\_\_\_  
Division

Probate & Family Court  
Plymouth  
Division

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:  
**NAME OF PARTY (PRINT)**

**Section 2** The name(s) of the child(ren) whose care or custody is at issue in this case 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 in 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) are in danger of physical or emotional abuse, or the party is filing an action under G.L.c.209A. **If the party who completed this affidavit believed this provision applied to him/her, then the box at the right has been checked and sections 4 and 5 have not been completed.**

**Section 4** The address(es) of the above-named child(ren) whose care or custody is at issue in this case are:  
**Address(es)** \_\_\_\_\_ **Address(es) During Last 2 Years, if Different** \_\_\_\_\_  
CHILD A. \_\_\_\_\_  
CHILD B. \_\_\_\_\_  
CHILD C. \_\_\_\_\_

**Section 5** My address is: \_\_\_\_\_

**Section 6** I  have  have not participated in and I  know  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 determination 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):

Letter Of Child	Court	Docket No.	Status of Case (Custody awarded to) (Date of award)	[W]itness [P]arty [O]ther [N]one
CHILD _____	_____	_____	_____	<input type="checkbox"/>
CHILD _____	_____	_____	_____	<input type="checkbox"/>
CHILD _____	_____	_____	_____	<input type="checkbox"/>

**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 these child(ren) during the last two years (not including myself are):  
Letter of Child \_\_\_\_\_ Name of Party/Claimant \_\_\_\_\_ Current (or last known) Address of Party/Claimant \_\_\_\_\_  
CHILD \_\_\_\_\_  
CHILD \_\_\_\_\_  
CHILD \_\_\_\_\_

**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.**

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