## CHILD CARE OR CUSTODY DISCLOSURE AFFIDAVIT (Trial Court Rule IV)

G.L. c. 119 (except delinquency actions under G.L. c. 119), G.L. c. 190B, G.L. c. 207, G.L. c. 208, G.L. c. 209, G.L. c. 209A, G.L. c. 209B, G.L. c. 209C, G.L. c. 210

## Massachusetts Trial Court



G.L. c. 208, G.L. c. 209, G.L. c. 209A, G.L	TRAI COUNT	
COURT DEPARTMENT (Select only one court.	) COURT DIVISION OR COUNTY	DOCKET NUMBER
Boston Municipal Court District Court  Juvenile Court Probate & Family Co  Superior Court	urt	
CASE NAME:		
Important Instructio	ns to Read Before Completing this	Affidavit Form
Use this form if you are asking the coagge of 18). You must fill in and file thi	<u> </u>	ing a child (a person under the
This form is an Affidavit, which is a so involving the child(ren) in this case, of foreign country.	_	-
You must file this form with the Clerk or I file this form when you respond to a cas each person must separately fill out and	e for the first time. If more than one per	•
You must give a copy to any other parties	s. "Parties" are persons taking part in you	ır case.
You must sign this form yourself. But (legally incompetent), your attorney will s	-	rt finds you to be unable to do so
If not yet on file with this Court, you must from courts outside of Massachusetts information, please ask the court staff.		
(Check one box below.)		
☐ I am a party in this case. My name is:	(Party's First and Last Name)	I am filing this Affidavit for myself
☐ I am an attorney filing this Affidavit for,	(Party's First and Last Name)	ho is under the age of 18 or incompetent.
List the legal names of any child(ren) whose listed in this section should be with the letter A," all other references to "Jane Doe" in this A	in front of the child's name. (For exam	•
The name(s) of the child(ren) whose care or	custody is/are at issue in this case is/are:	
CHILD A.	(First and Last Name)	
	(First and Last Name)	
CHILD B.	(First and Last Name)	
OF ILES 6.	(First and Last Name)	
CHILD D.		
	(First and Last Name)	Child Core or Custody Displaying
If you need more space for more children's na <b>Affidavit</b> form. If needed, ask court staff for		<del>-</del>
☐ Check this box if there are more children in	not listed above. You must include the Su	upplemental Affidavit form.

d	omestic violend	ce shelter. Or, if you believe t	hat you or the child(ren) are	ublic). You can ask for this if the address is a in danger of physical or emotional abuse. Or, if rder). Check one of these three boxes:
		<b>nt</b> form for the court to review.		rtain addresses confidential. I will file a <b>Motion for</b> ormation until the court decides on my Motion for
	່ request that t		es confidential. I will file a <b>Mo</b>	tion of one or more child(ren). I would like to tion for Impoundment form for the court to review n for Impoundment.
	The above D	OES NOT apply to me. I will fil	ll in the required section below	v.
	List the addres	ss(es) of the above-named chile	d(ren) <b>for the last two years</b> :	:
	CHILD A	Current Address:	From	Adult(s) the child lives with:
			to present.	Relationship to child:
		Previous Address:	From	Adult(s) the child lived with:
			to	Relationship to child:
	CHILD B	Current Address:	From	Adult(s) the child lives with:
	Check if same		to	Relationship to child:
i	information as "CHILD A"	Previous Address:	From	Adult(s) the child lived with:
			to	Relationship to child:
	CHILD C	Current Address:	From	Adult(s) the child lives with:
	Check if same		to	Relationship to child:
	information as "CHILD " —	Previous Address:	From	Adult(s) the child lived with:
			to	Relationship to child:
	CHILD D	Current Address:	From_	Adult(s) the child lives with:
	Check if same		to	Relationship to child:
	information as "CHILD "	Previous Address:	From	Adult(s) the child lived with:
			to	Relationship to child:

inv		ove-nan	ned child	l(ren). These ca	-			(cases), open or closed, state, territory, or foreign
	I have <b>not</b> ta	ken part	in, and I	do not know of,	other cases involv	/ing the a	above-named child(ren).	
	I have <b>not</b> ta	•			other cases invol	ving the	above-named child(ren)	. I will list information
	below. I will	list my in	volvemer	nt as: a Party (a բ		irect lega	will list information abou al interest), a Witness (a	t all open or closed cases person who provides
		С	ourt Dep	artment	Case Type/Doo	ket No.	Open/Closed	Party/Witness/Other
	CHILD							
	CHILD						_	
	CHILD						_	
	CHILD							
	•			` '	,··•		investigators, or court e	valuators appointed in any w.
			. ,	appointed?		Name and Title of Person(s) Appointed (if known)		
	CHILD A	Yes Yes	☐ No	Do Not Know				
	CHILD B	☐ Yes	☐ No	☐ Do Not Know				
	CHILD C	☐ Yes	☐ No	Do Not Know	<i></i>			
	CHILD D	☐ Yes	☐ No	Do Not Know				
	This includes	a Child F	Requiring	Assistance (CR/	A) matter. (For ex	kample, l	e involving any of the ab list any other person(s) v d child(ren).) Include ad	who can claim a legal
	•	Name of		2.1	-		n) Address of Party	,
	CHILD						•	
	CHILD				_			
	CHILD							
	CHILD							
				PAR	TY CONTACT IN	IFORMA	TION	
	PRINT	CLEARL	Y OR TY	PE YOUR FULL	NAME		RESIDENTIAL (HO	ME) ADDRESS
PR	IMARY PHON	NE NUME	BER	EMAIL ADI	DRESS			
this	S Affidavit is	true and	complet		ew updated Affid		o the best of my knowledge and any new information	edge, all the information in or if I learn of any new
SIC	GNATURE						DATED	
	Check this bo		in below	if you are an atto	orney signing this	Affidavit	for the party above. Th	e party is under the age of
ATTORNEY NAME ATTORNEY SI			/ SIGNATURE		DATED	BBO OR STATE BAR NUMBER		