

COMPLAINT FOR CUSTODY-SUPPORT-PARENTING TIME PURSUANT TO G. L. c. 209C	Docket No.	Commonwealth of Massachusetts The Trial Court Probate and Family Court																																	
<table style="width:100%; border:none;"> <tr> <td style="width:20%; border-bottom: 1px solid black; text-align:center;">Kate</td> <td style="width:10%; border-bottom: 1px solid black; text-align:center;">M.I.</td> <td style="width:20%; border-bottom: 1px solid black; text-align:center;">Sparks</td> <td style="width:10%; border:none;"></td> <td style="width:10%; border:none;"></td> <td style="width:20%; border:none;"></td> </tr> <tr> <td style="font-size: small;">First Name</td> <td></td> <td style="font-size: small;">Last Name</td> <td colspan="3" style="text-align:right;">,Plaintiff</td> </tr> <tr> <td colspan="6" style="text-align:center; padding: 5px 0 0 0;">v.</td> </tr> <tr> <td style="border-bottom: 1px solid black; text-align:center;">Carl</td> <td style="border-bottom: 1px solid black; text-align:center;">M.I.</td> <td style="border-bottom: 1px solid black; text-align:center;">Driver</td> <td colspan="3" style="border:none;"></td> </tr> <tr> <td style="font-size: small;">First Name</td> <td></td> <td style="font-size: small;">Last Name</td> <td colspan="3" style="text-align:right;">,Defendant</td> </tr> </table>	Kate	M.I.	Sparks				First Name		Last Name	,Plaintiff			v.						Carl	M.I.	Driver				First Name		Last Name	,Defendant			<table style="width:100%; border:none;"> <tr> <td style="width:60%; border-bottom: 1px solid black; text-align:center;">Barnstable</td> <td style="width:40%; border:none;"></td> </tr> <tr> <td style="font-size: small;">Division</td> <td style="text-align:right; font-size: small;">Division</td> </tr> </table>	Barnstable		Division	Division
Kate	M.I.	Sparks																																	
First Name		Last Name	,Plaintiff																																
v.																																			
Carl	M.I.	Driver																																	
First Name		Last Name	,Defendant																																
Barnstable																																			
Division	Division																																		

1. Plaintiff, who resides at 10 Valley Street Valleytown MA 11111, is
(Address) (Apt, Unit, No. etc.) (City/Town) (State) (Zip)

- the mother father of a child born out of wedlock.
- a child born out of wedlock.
- the guardian custodian of a child born out of wedlock.
- the parent personal representative of the mother father of a child born out of wedlock.

Plaintiff is: Department of Children and Families an agency licensed under G. L. c. 28A Department of Revenue

2. The child who is the subject of this complaint is:

Louis Sparks 8 January 1, 2008
First Name Last Name Current age Date of Birth
10 Valley Street Valleytown MA 11111
(Address) (Apt, Unit, No. etc.) (City/Town) (State) (Zip)

3. Defendant, who resides at 100 Lamp Street Mania MA 00000
(Address) (Apt, Unit, No. etc.) (City/Town) (State) (Zip)

is the mother father of the above-named child who was born out of wedlock.

- 4. The plaintiff and defendant are not married.
- 5. The mother of the child was not married at the time of the child's birth and was not married within three hundred days before the birth of the child.
- 6. The plaintiff defendant signed a voluntary acknowledgement of paternity was adjudicated the father on January 1, 2008, a copy of which is attached to this complaint.
(date)

7. Wherefore, plaintiff requests that the Court:

- order a suitable amount of support for the child.
- order the plaintiff defendant to maintain provide health insurance for the benefit of the child.
- prohibit the defendant from imposing any restraint on the personal liberty of the plaintiff and/or the child.
- grant the plaintiff defendant custody of the child.
- grant the plaintiff defendant parenting time with the child.
- order that the defendant maintain his treatment and restrict his contacts with the plaintiff and minor child to reasonable hours.

Date: February 15, 2016

Kate Sparks

Signature of Attorney or Plaintiff, if pro se

Kate Sparks

(Print name)

10 Valley Street

(Address)

(Apt, Unit, No. etc.)

Valleyville

(City/Town)

MA

(State)

11111

(Zip)

Primary Phone #: **(111) 111-1111**

B.B.O. # _____

SAMPLE