

COMPLAINT FOR PROTECTION FROM ABUSE
(G.L. c.209A) Page 1 of 2

COURT USE ONLY - DOCKET NO.

TRIAL COURT OF MASSACHUSETTS



<input type="checkbox"/> BOSTON MUNICIPAL COURT	<input checked="" type="checkbox"/> DISTRICT COURT	<input type="checkbox"/> PROBATE & FAMILY COURT	<input type="checkbox"/> SUPERIOR COURT	Lowell	DIVISION
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Name of Plaintiff (person seeking protection)
Jane Doe

Name of Defendant (person accused of abuse)
John Doe

Plaintiff's Address. DO NOT complete if the Plaintiff is asking the Court to keep it confidential. See K. 4. below.

Def. Date of Birth 6/15/72 Defendant's Alias, if any

123 Main Street
Lowell, MA 01852

Defendant's Address 123 Main Street
Lowell, MA 01852 Day Phone (978) 555-1212

Daytime Phone No. (978) 555-1212

Sex: M F

If the Plaintiff left a former residence to avoid abuse, write that address here:

Social Security # 555-55-5555 Place of Birth Nashua, NH

I am over the age of eighteen.
I am under the age of eighteen, and _____
my _____ (relationship to Plaintiff) has filed
this complaint for me.
The Defendant is is not under the age of eighteen.

Defendant's Mother's Maiden Name (first & last) Mary Smith
Defendant's Father's Name (first & last) William Doe

To my knowledge, the Defendant possesses the following guns,
ammunition, firearms identification card, and/or license to carry:
None

The Defendant and Plaintiff:
 are currently married to each other
 were formerly married to each other
 are not married but we are related to each other by blood
or marriage; specifically, the Defendant is my

Are there any prior or pending court actions in any state or country
involving the Plaintiff and the Defendant for divorce, annulment,
separate support, legal separation or abuse prevention? No Yes
If Yes, give Court, type of case, date, and (if available) docket no.

are the parents of one or more children
 are not related but live in the same household
 were formerly members of the same household
 are or were in a dating or engagement relationship.
Does the Plaintiff have any children? No Yes If yes,
the Plaintiff shall complete the appropriate parts of Page 2.

On or about (dates) June 20, 2003 I suffered abuse when the Defendant:
 attempted to cause me physical harm placed me in fear of imminent serious physical harm
 caused me physical harm caused me to engage in sexual relations by force, threat of force or duress

THEREFORE, I ASK THE COURT TO ORDER:

1. the Defendant to stop abusing me by harming, threatening or attempting to harm me physically, or placing me in fear of imminent serious physical harm, or by using force, threat or duress to make me engage in sexual relations unwillingly.

2. the Defendant not to contact me, unless authorized to do so by the Court.

3. the Defendant to leave and remain away from my residence which is located at:
123 Main Street Lowell, MA 01852
If this is an apartment building or other multiple family dwelling, check here

4. that my address be impounded to prevent its disclosure to the Defendant, the Defendant's attorney, or the public.
Attach Request for Address Impoundment form to this Complaint.

5. the Defendant to leave and remain away from my workplace which is located at:
Impounded

6. the Defendant to pay me \$ _____ in compensation for the following losses suffered as a direct result of the abuse:

You may not obtain an Order from the Boston Municipal Court or a District or Superior Court covering the following item 7 if there is a prior or pending Order for support from the Probate and Family Court.

7. the Defendant, who has a legal obligation to do so, to pay temporary support for me.

8. the relief requested on page two of this Complaint pertaining to my minor child or children.

9. the following: the defendant to stay away from the children's schools and have no access to any school records

10. the relief I have requested, except for temporary support for me and/or my child(ren) and for compensation for losses suffered, without advance notice to the Defendant because there is a substantial likelihood of immediate danger of abuse. I understand that if the Court issues such a temporary Order, the Court will schedule a hearing within 10 court business days to determine whether such a temporary Order should be continued, and I must appear in Court on that day if I wish the Order to be continued.

DATE 6/21/03	PLAINTIFF'S SIGNATURE X Jane Doe	Please complete affidavit on reverse of this page
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This is a request for a civil order to protect the Plaintiff from future abuse. The actions of the Defendant may also constitute a crime subject to criminal penalties. For information about filing a criminal complaint, you can talk with the District Attorney's Office for the location where the alleged abuse occurred.



ISSUES PERTAINING TO CHILDREN

A. RELATED PROCEEDINGS. Is there any proceeding that the Plaintiff knows of or has participated in which is pending or has been concluded in any Court in the Commonwealth or any other state or country involving the care or custody of the child or children of the parties? [] YES [X] NO

If Yes, the Plaintiff shall complete and file with this Complaint an Affidavit Disclosing Care or Custody Proceedings as required by Trial Court Uniform Rule IV, and provide copies of documents required by the Rule. This Affidavit and related information are available from the office of the Clerk-Magistrate or Register of Probate of the Court.

B. RELATED PROCEEDINGS. Are there any prior or pending court actions in any state or country involving the Plaintiff and the Defendant for paternity: [] YES [X] NO

C. CUSTODY.

The Plaintiff may not obtain an Order from the Boston Municipal Court or a District or Superior Court for custody if there is a prior or pending Order for custody from the Probate and Family Court or Juvenile Court.

[X] I request custody of the following minor child or children of the parties:

Table with 4 columns: NAME, DATE OF BIRTH, NAME, DATE OF BIRTH. Handwritten entries: Lisa Doe (8/5/95), Michael Doe (10/6/97).

D. CONTACT WITH CHILDREN. I ask the Court to order the Defendant not to contact the following child or children unless authorized to do so by the Court:

Table with 2 columns: NAME, NAME. Handwritten entries: Lisa Doe, Michael Doe.

The specific reasons for this request are: I do not want the defendant contacting the children or accessing their school records because he has abused both the children and me. He is a danger to us.

If the Plaintiff alleges that the Defendant has abused the above-named child or children, a separate Complaint may be filed on behalf of each child.

E. VISITATION. If the Plaintiff is filing this Complaint in the Probate and Family Court, the Plaintiff may request a Visitation Order. Such Orders are not available in other Courts. Regarding visitation, I ask the Court to

- permit visitation.
order no visitation between the Defendant and our minor child or children.
permit visitation only at the following visitation center:
permit only visitation supervised by
order visitation only if a third party, picks up and drops off our minor child or children.

F. TEMPORARY SUPPORT.

The Plaintiff may not obtain an Order from the Boston Municipal Court or a District or Superior Court for temporary support if there is a prior or pending Order for support from the Probate and Family Court or Juvenile Court.

[X] I ask the Court to order the Defendant, who has a legal obligation to do so, to pay temporary support for any children in my custody.

DATE: 6/21/03; PLAINTIFF'S SIGNATURE: X Jane Doe

AFFIDAVIT

Describe in detail the most recent incidents of abuse. The Judge requires as much information as possible, such as what happened, each person's actions, the dates, locations, any injuries, and any medical or other services sought. Also describe any history of abuse, with as much of the above detail as possible.

On or about _____, 20____, the Defendant

Describe latest incident here.

Be specific. Also include past abuse and why you and/or children are scared of the Defendant.

If you don't want the Defendant contacting the children at school or having access to their school records, write that and the reasons why here.

If more space is needed, attach additional pages and check this box:

I declare under penalty of perjury that all statements of fact made above, and in any additional pages attached, are true.

DATE SIGNED

PLAINTIFF'S SIGNATURE

X _____

WITNESSED BY

PRINTED NAME OF WITNESS

TITLE/RANK OF WITNESS

X _____