

## FORM 8

COMPLAINT FOR PROTECTION FROM ABUSE (G.L. c. 209A) Page 1 of 2		COURT USE ONLY — DOCKET NO.	TRIAL COURT OF MASSACHUSETTS
A	<input type="checkbox"/> BOSTON MUNICIPAL COURT <input type="checkbox"/> DISTRICT COURT <input type="checkbox"/> PROBATE & FAMILY COURT <input type="checkbox"/> SUPERIOR COURT		DIVISION _____
B	Name of Plaintiff (person seeking protection)		Name of Defendant (person accused of abuse)
C	Plaintiff's Address. DO NOT complete if the Plaintiff is asking the Court to keep it confidential <i>See K. 4 below</i>		Def. Date of Birth      Defendant's Alias, if any
	Daytime Phone No. (    )		Defendant's Address      Day Phone (    )
			Social Security #      Place of Birth      Sex: <input type="checkbox"/> M <input type="checkbox"/> F
D	If the Plaintiff left a former residence to avoid abuse, write that address here: _____		Defendant's Mother's Maiden Name (first & last)  Defendant's Father's Name (first & last)
E	<input type="checkbox"/> I am over the age of eighteen. <input type="checkbox"/> I am under the age of eighteen, and _____, my _____ (relationship to Plaintiff) has filed this complaint for me. The Defendant <input type="checkbox"/> is <input type="checkbox"/> is not under the age of eighteen.		G
F	To my knowledge, the Defendant possesses the following guns, ammunition, firearms identification card, and/or license to carry: _____		H
G	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? <input type="checkbox"/> No <input type="checkbox"/> Yes If Yes, give Court, type of case, date and (if available) docket no. _____		I
H	On or about (dates) _____ I suffered abuse when the Defendant:		<input type="checkbox"/> are currently married to each other <input type="checkbox"/> were formerly married to each other <input type="checkbox"/> are not married but we are related to each other by blood or marriage; specifically the Defendant is my _____  <input type="checkbox"/> are the parents of one or more children <input type="checkbox"/> are not related but live in the same household <input type="checkbox"/> were formerly members of the same household <input type="checkbox"/> are or were in a dating or engagement relationship.
I	<input type="checkbox"/> attempted to cause me physical harm <input type="checkbox"/> placed me in fear of imminent serious physical harm <input type="checkbox"/> caused me physical harm <input type="checkbox"/> caused me to engage in sexual relations by force, threat of force or duress		Does the Plaintiff have any children? <input type="checkbox"/> No <input type="checkbox"/> Yes if yes, _____ the Plaintiff shall complete the appropriate parts of Page 2.
J	THERE FORE I ASK THE COURT TO ORDER:		
K	<input type="checkbox"/> 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. <input type="checkbox"/> 2. the Defendant not to contact me, unless authorized to do so by the Court. <input type="checkbox"/> 3. the Defendant to leave and remain away from my residence which is located at: _____ <i>If this is an apartment building or other multiple family dwelling, check here.</i> <input type="checkbox"/> <input type="checkbox"/> 4. that my address be impounded to prevent its disclosure to the Defendant, the Defendant's attorney, or the public. <i>Attach Request for Address Impoundment form to this Complaint.</i> <input type="checkbox"/> 5. the Defendant to leave and remain away from my workplace which is located at: _____ <input type="checkbox"/> 6. the Defendant to pay me \$ _____ in compensation for the following losses suffered as a direct result of the abuse: _____ <b>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.</b> <input type="checkbox"/> 7. the Defendant, who has a legal obligation to do so, to pay temporary support for me. <input type="checkbox"/> 8. the relief requested on page two of this Complaint pertaining to my minor child or children. <input type="checkbox"/> 9. the following: _____ _____ <input type="checkbox"/> 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	PLAINTIFF'S SIGNATURE		Please complete affidavit on reverse of this page.
	X		
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.			



**FORM 8 (continued)**

<b>COMPLAINT FOR PROTECTION FROM ABUSE (G.L. c. 209A) Page 2 of 2</b>	COURT USE ONLY — DOCKET NO.	TRIAL COURT OF MASSACHUSETTS
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**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 of custody or the child or children of the parties?  YES  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  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.
- I request custody of the following minor child or children of the parties:

NAME	DATE OF BIRTH	NAME	DATE OF BIRTH

- 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:

NAME	NAME

The specific reasons for this request are: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**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: \_\_\_\_\_  
 \_\_\_\_\_ to be paid for by \_\_\_\_\_ (name).
- Permit only visitation supervised by \_\_\_\_\_ (name)  
 at the following times: \_\_\_\_\_  
 \_\_\_\_\_ to be paid for by \_\_\_\_\_ (name).
- Order visitation only if a third party, \_\_\_\_\_ (name) 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.
- 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	PLAINTIFF'S SIGNATURE X
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### FORM 8 (continued)

<b>DEFENDANT INFORMATION FORM IN RESTRAINING ORDER CASES (Provided by Plaintiff)</b>	COURT USE ONLY — DOCKET NO.	TRIAL COURT OF MASSACHUSETTS
DEFENDANT'S NAME	DEFENDANT'S DOB	COURT DIVISION
ATTENTION: PLEASE PROVIDE AS MUCH INFORMATION AS POSSIBLE, IF A PROTECTIVE ORDER IS ISSUED, THIS INFORMATION WILL HELP POLICE FIND THE DEFENDANT AND SERVE THE DEFENDANT WITH A COPY OF THE ORDER.		
OTHER NAMES USED BY THE DEFENDANT:		
HOME ADDRESS		
Number	Street	City State Zip
IMPORTANT: Apartment No. _____ Floor No. _____ Name on Door/Mailbox _____		
WORK ADDRESS		
Name of Company / Employer		
Number	Street	City State Zip
Department _____ Title _____		
Tel No.( _____ ) _____ Work Hours _____		
OTHER PLACES DEFENDANT MAY BE FOUND (Friends, bars, relatives, hangouts)		
BEST PLACE TO FIND DEFENDANT		BEST TIMES
DEFENDANT UNDERSTANDS ENGLISH? <input type="checkbox"/> Yes <input type="checkbox"/> No		IF NO, WHAT LANGUAGES?:
DESCRIPTION FOR PURPOSES OF SERVICE <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Race _____		
Eyes _____ Hair _____ Height _____ Weight _____ Build _____		
Other _____ (Beard, glasses, scars, tattoos, acne, hairstyle)		
PHOTOGRAPH AVAILABLE? <input type="checkbox"/> Yes <input type="checkbox"/> No (Photographs are very helpful to police in identifying Defendants.)		
MOTOR VEHICLE: License Plate # _____ Year _____ Make _____ Model _____ Color _____		
DOES DEFENDANT HAVE: (describe very briefly)		
1. A history of violence towards police officers? <input type="checkbox"/> No <input type="checkbox"/> Yes		
2. A history of using/abusing drugs or alcohol? <input type="checkbox"/> No <input type="checkbox"/> Yes What kind?		
3. Access to guns, a license to carry, or possess a gun? <input type="checkbox"/> No <input type="checkbox"/> Yes What kind?		
4. Psychiatric/Emotional Problems? (Treated/Hospitalized?) <input type="checkbox"/> No <input type="checkbox"/> Yes What kind?		
ANY OTHER INFORMATION WHICH MIGHT BE HELPFUL IN LOCATING THE DEFENDANT		
PLAINTIFF'S NAME _____		
DATE	PLAINTIFF'S SIGNATURE X	

## FORM 8 (continued)

### INSTRUCTIONS TO THE PLAINTIFF

#### PROTECTION FROM ABUSE

Under chapter 209A of Massachusetts General Laws, Judges can make Orders to protect people from abuse by family or household members. These Orders will be recorded and enforced by law enforcement agencies. They are commonly called "Abuse Prevention Orders" or "Restraining Orders" or "209A Orders." In an emergency that occurs after court hours or on weekends, you may ask your local police to put you in contact with a Judge.

#### CHECKLIST OF FORMS

**COMPLAINT FORM:** To request an Abuse Prevention Order, you must fill out a two-page Complaint form and any other appropriate forms. There is no filing fee. You are the "Plaintiff." The person who you allege has abused you is the "Defendant."

**Part D:** If either you or the Defendant is under the age of 18, indicate that in Part D. The law provides that such cases are not open to public inspection and are available only to the Plaintiff, the Plaintiff's attorney, the person under 18, or a parent or guardian of the person under 18. If you and the Defendant are both over 18, court records of this matter will generally be open to public inspection. If you have good reasons to ask the Judge to keep other parts of the court record confidential, you may file a written request (a "motion") asking the Judge to do so. Usually, a general preference for privacy is not a sufficient reason to permit court records to be kept confidential.

**Part F:** If you answer "Yes," please bring with you to the courthouse any legal papers you have from any such court proceeding.

**Part K:** In number 6, financial losses may include, but are not limited to, lost earnings or support, costs for restoring utilities, replacement costs for locks or personal property removed or destroyed, medical and moving expenses, and reasonable attorney's fees.

**AFFIDAVIT:** On the back of the first (white) copy of the Complaint form is an affidavit where you should describe the abuse. When you are requesting relief after court hours, you must fill it out, unless a Judge provides to the contrary.

**REQUEST FOR ADDRESS IMPOUNDMENT FORM:** If you are asking the Court to keep your address confidential, check number 4 in Part K at the bottom of the Complaint form. Obtain a Request for Address Impoundment form from the office of the Clerk-Magistrate or the Register of Probate, complete it, seal it in an envelope marked "PLAINTIFF'S ADDRESS - CONFIDENTIAL," and staple the envelope to the Court (white) copy of the Complaint form.

**AFFIDAVIT DISCLOSING CARE OR CUSTODY PROCEEDINGS:** If you have any children, check "yes" in Part I on page one of the Complaint form, complete the top and any other appropriate parts of page two, and follow instructions in item A on page two for completing an Affidavit Disclosing Care or Custody Proceedings.

**DEFENDANT INFORMATION FORM:** This form describes the Defendant and where that person can be found. It will help law enforcement officers find that person to deliver the Order.