

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

COURT USE ONLY - DOCKET NO.

TRIAL COURT OF MASSACHUSETTS



A BOSTON MUNICIPAL COURT DISTRICT COURT PROBATE & FAMILY COURT 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. See K. 4. below. Def. Date of Birth Defendant's Alias, if any

C Defendant's Address Day Phone ()

C Daytime Phone No. () Sex: M F

C If the Plaintiff left a former residence to avoid abuse, write that address here Social Security # Place of Birth

D I am over the age of eighteen. Defendant's Mother's Maiden Name (first & last)

D I am under the age of eighteen, and my _____ (relationship to Plaintiff) has filed this complaint for me. Defendant's Father's Name (first & last)

D The Defendant is is not under the age of eighteen.

E To my knowledge, the Defendant possesses the following guns, ammunition, firearms identification card, and/or license to carry:

F 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.

H 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 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.

H Does the Plaintiff have any children? No Yes If yes, the Plaintiff shall complete the appropriate parts of Page 2.

J On or about (dates) _____ 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 _____

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: _____

- 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: _____

- 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

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.

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TRIAL COURT OF MASSACHUSETTS



<p>A</p> <input type="checkbox"/> BOSTON MUNICIPAL COURT <input type="checkbox"/> DISTRICT COURT <input type="checkbox"/> PROBATE & FAMILY COURT <input type="checkbox"/> SUPERIOR COURT	<p style="text-align: right;">DIVISION _____</p>
<p>B</p> <p>Name of Plaintiff (person seeking protection)</p>	<p>Name of Defendant (person accused of abuse)</p>
<p>Plaintiff's Address. DO NOT complete if the Plaintiff is asking the Court to keep it confidential. See K. 4. below.</p>	<p>Def. Date of Birth Defendant's Alias, if any</p>
<p>C</p> <p>Daytime Phone No. ()</p> <p>If the Plaintiff left a former residence to avoid abuse, write that address here:</p>	<p>G</p> <p>Defendant's Address Day Phone ()</p> <p>Sex: <input type="checkbox"/> M <input type="checkbox"/> F</p>
<p>D</p> <p>I <input type="checkbox"/> am over the age of eighteen. I <input type="checkbox"/> am under the age of eighteen, and _____ my _____ (relationship to Plaintiff) has filed this complaint for me.</p> <p>The Defendant <input type="checkbox"/> is <input type="checkbox"/> is not under the age of eighteen.</p>	<p>Social Security # Place of Birth</p> <p>Defendant's Mother's Maiden Name (first & last)</p> <p>Defendant's Father's Name (first & last)</p>
<p>E</p> <p>To my knowledge, the Defendant possesses the following guns, ammunition, firearms identification card, and/or license to carry:</p>	<p>H</p> <p>The Defendant and Plaintiff: <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.</p>
<p>F</p> <p>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.</p>	<p>I</p> <p>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.</p>
<p>J</p> <p>On or about (dates) _____ I suffered abuse when the Defendant: <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</p>	
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DATE	PLAINTIFF'S SIGNATURE X	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.

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 attorneys' 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.

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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) _____	
Plaintiff's Address. DO NOT complete if the Plaintiff is asking the Court to keep it confidential. See K. 4. below. _____ C		Def. Date of Birth _____	Defendant's Alias, if any _____
Daytime Phone No. () _____		Defendant's Address _____	Day Phone () _____
If the Plaintiff left a former residence to avoid abuse, write that address here: _____		Social Security # _____	Place of Birth _____
D <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.		Defendant's Mother's Maiden Name (first & last) _____	
E To my knowledge, the Defendant possesses the following guns, ammunition, firearms identification card, and/or license to carry: _____		Defendant's Father's Name (first & last) _____	
F 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. _____		H The Defendant and Plaintiff: <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.	
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TRIAL COURT OF MASSACHUSETTS



<p>A</p> <input type="checkbox"/> BOSTON MUNICIPAL COURT <input type="checkbox"/> DISTRICT COURT <input type="checkbox"/> PROBATE & FAMILY COURT <input type="checkbox"/> SUPERIOR COURT	<p style="text-align: right;">DIVISION</p> <p>B Name of Plaintiff (person seeking protection)</p> <p>Plaintiff's Address. DO NOT complete if the Plaintiff is asking the Court to keep it confidential. See K. 4. below.</p> <p>C</p> <p>Daytime Phone No. ()</p> <p>If the Plaintiff left a former residence to avoid abuse, write that address here:</p> <p>D</p> <p><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.</p> <p>E To my knowledge, the Defendant possesses the following guns, ammunition, firearms identification card, and/or license to carry:</p> <p>F 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.</p>
<p>G</p> <p>Name of Defendant (person accused of abuse)</p> <p>Def. Date of Birth Defendant's Alias, if any</p> <p>Defendant's Address Day Phone ()</p> <p>PCF NO.</p> <p>Sex: <input type="checkbox"/> M <input type="checkbox"/> F</p> <p>Social Security # Place of Birth</p> <p>Defendant's Mother's Maiden Name (first & last)</p> <p>Defendant's Father's Name (first & last)</p> <p>H</p> <p>The Defendant and Plaintiff:</p> <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. <p>I 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.</p>	<p>J</p> <p>On or about (dates) _____ I suffered abuse when the Defendant:</p> <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 <p>K</p> <p>THEREFORE, I ASK THE COURT TO ORDER:</p> <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 <input type="checkbox"/></i> <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: _____ <p>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.</p> <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.

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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 attorneys' fees.

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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.



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 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:

Table with 4 columns: 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:

Table with 2 columns: 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:
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.

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

COMMONWEALTH OF MASSACHUSETTS
THE TRIAL COURT
THE PROBATE AND FAMILY COURT DEPARTMENT

NORFOLK DIVISION

DOCKET NO. _____

AFFIDAVIT OF IRREPARABLE HARM

I, _____ affirm that
prior notice to said _____ would result in
irreparable harm if my request is not immediately granted by this Court because:

Date

Signed under penalties of perjury

COMPLAINT FOR
PROTECTION
FROM ABUSE (G.L. c. 209A)

Docket No.

TRIAL COURT OF
MASSACHUSETTS



CONFIDENTIAL INFORMATION

Statute 2000, Chapter 236, sec. 24

1. Plaintiff's Name: _____
2. Plaintiff's residential address: _____

3. Plaintiff's residential telephone number: _____
4. Plaintiff's workplace name: _____

5. Plaintiff's workplace address: _____

6. Plaintiff's workplace telephone number: _____
7. Persons authorized by the plaintiff to obtain access to this confidential information:
DAs office + Court Staff

The information that you provide above is confidential and will be provided only to persons authorized by you in #1 above, to certain individuals if necessary in the performance of their duties and to the defendant and his or her attorney, as the law may require. Your residential address and workplace address will appear on the court order and be accessible to the defendant and the defendant's attorney unless you specifically request that this information be withheld from the order. At your request, the court may also impound certain information in this case. Access to impounded information would be determined by the court. Please ask the staff of the Clerk Magistrate or Register of Probate of the court in which you are filing a Complaint for Protection From Abuse if you would like to request impoundment of certain information.

Plaintiff's signature

Date

PROBATE and FAMILY COURT CONFIDENTIAL INFORMATION SHEET FOR 209As

Plaintiff's Full Name: _____				Defendant's Full Name: _____			
City _____	(First) _____	(Middle Initial) _____	(Maiden Name) _____	City _____	(First) _____	(Middle Initial) _____	(Maiden Name) _____
Date of Birth: _____	Soc. Sec. # _____			Date of Birth: _____	Soc. Sec. # _____		
Driver's Lic #: (State) _____				Driver's Lic #: (State) _____			
<input type="checkbox"/> CHECK IF ADDRESS IS CONFIDENTIAL							
Residential Address _____				Residential Address _____			
City _____ State _____ Zip _____				City _____ State _____ Zip _____			
Mailing Address _____				Mailing Address _____			
City _____ State _____ Zip _____				City _____ State _____ Zip _____			
Home Phone: _____				Home Phone: _____			
Work Ph: _____ Cell Ph: _____				Work Ph: _____ Cell Ph: _____			
Mother's Name: _____				Mother's Name: _____			
Maiden Name: _____				Maiden Name: _____			
Father's Name: _____				Father's Name: _____			

Name(s) of Child(ren) (attach a second sheet if necessary):

Name	Present Address	Sex	Date of Birth	Social Security Number

Date: _____

Signature of person supplying information _____

FOR PROBATION USE ONLY

- A search was made within the Court Activity Record information system maintained by the Office of the Commissioner of Probation and the review determined that the named defendant/plaintiff did not have a civil or criminal record involving domestic or other violence.
- A search was made within the Court Activity Record information system maintained by the Office of the Commissioner of Probation and the review determined that the named defendant/plaintiff did have a civil or criminal record and that record is attached for the judge's review and further order, if necessary.
- Insufficient information was furnished to complete search.

Def't PCF: _____	XREF: _____	<input type="checkbox"/> Create New Identity
Plaintiff PCF: _____	XREF: _____	<input type="checkbox"/> Create New Identity

INFORMATIONAL SHEET ON COMPLETING THE AFFIDAVIT SECTION
ON THE 209A APPLICATION

As part of your application for a 209A Abuse Prevention Order you will be asked to write an affidavit. When writing your affidavit you should attempt to provide the Judge with a brief description of the events (past and present) that have prompted you to seek an abuse prevention order. Please describe *in detail* the most *recent incidents* of abuse. The Judge requires as much information as possible (such as: date, time, and location of abuse, any injuries sustained by you, any police action taken, medical, or other services sought).

Also please describe *in the same detail* if there is any *history of abuse* during the relationship. Please provide information regarding any past or present 209A Abuse Prevention Orders filed by you against defendant in this or any other court.

The following questions are meant only *as a guide* and may help you focus on some issues. The question may not necessarily apply to you in your particular situation.

when was the last incident of abuse?

were you physically hurt?

if you were not physically hurt, what was it about the defendant's behavior that placed you in fear?

has there been a history of violence?

what is the most serious incident of violence that has taken place?

have you ever received medical treatment for injuries sustained during an incident of abuse?

have the police ever responded to a 911 call at your home?

is there currently a criminal case pending in any district court?

have you ever been threatened by the defendant?

what was the nature of the threat?

has the defendant ever destroyed your property of after or during or an argument?

does the defendant have access to guns?

DEFENDANT'S NAME _____	DEFENDANT'S DOB _____	COURT DIVISION _____
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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
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DEFENDANT UNDERSTANDS ENGLISH? Yes No **IF NO, WHAT LANGUAGES?:** _____

DESCRIPTION FOR PURPOSES OF SERVICE Male Female Race _____

Eyes _____ Hair _____ Height _____ Weight _____ Build _____

Other _____ (Beard, glasses, scars, tattoos, acne, hairstyle)

PHOTOGRAPH AVAILABLE? Yes 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? No Yes
 2. A history of using/abusing drugs or alcohol? No Yes What kind? _____
 3. Access to guns, a license to carry, or possess a gun? No Yes What kind? _____
 4. Psychiatric/Emotional Problems? (Treated/Hospitalized?) No Yes What kind? _____

ANY OTHER INFORMATION WHICH MIGHT BE HELPFUL IN LOCATING THE DEFENDANT

PLAINTIFF'S NAME _____

DATE _____	PLAINTIFF'S SIGNATURE _____ X
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ABUSE LAW *



"You have the right to appear at the Superior, Probate and Family, District or Boston Municipal Court, if you reside within the appropriate jurisdiction, and file a complaint requesting any of the following applicable orders: (a) an order restraining your attacker from abusing you; (b) an order directing your attacker to leave your household, building or workplace; (c) an order awarding you custody of a minor child; (d) an order directing your attacker to pay support for you or any minor child in your custody, if the attacker has a legal obligation of support; and (e) an order directing your attacker to pay you for losses suffered as a result of abuse, including medical and moving expenses, loss of earnings or support, costs for restoring utilities and replacing locks, reasonable attorney's fees and other out-of-pocket losses for injuries and property damage sustained.

For an emergency on weekends, holidays, or weeknights the police will refer you to a justice of the superior, probate and family, district, or Boston municipal court departments.

You have the right to go to the appropriate district court or the Boston municipal court and seek a criminal complaint for threats, assault and battery, assault with a deadly weapon, assault with intent to kill or other related offenses.

If you are in need of medical treatment, you have the right to request that an officer present drive you to the nearest hospital or otherwise assist you in obtaining medical treatment.

If you believe that police protection is needed for your physical safety, you have the right to request that the officer present remain at the scene until you and your children can leave or until your safety is otherwise ensured. You may also request that the officer assist you in locating and taking you to a safe place, including but not limited to a designated meeting place for a shelter or a family member's or a friend's residence, or a similar place of safety.

You may request a copy of the police incident report at no cost from the police department."

* Massachusetts General Laws, Ch. 209-A

Important Contact Information: For Counseling, Crisis Intervention, Assistance in Obtaining Shelter

SafeLink (Statewide 24 Hour Domestic Violence Hotline): 1-877-785-2020

DOVE (Domestic Violence Ended) 24 Hour Crisis Hotline: 1-888-314-3683

LEI SOBRE ABUSO

Você tem o direito de procurar o Tribunal Superior, a Vara de Família e Sucessões, o Tribunal da Comarca ou o Tribunal Municipal de Boston, no caso de residir dentro da jurisdição apropriada (aquelas pessoas que estiveram envolvidas em relacionamento estável ou noivado não podem procurar o Tribunal Superior) e protocolar uma queixa requerendo qualquer uma das ordens a seguir: (a) uma ordem impedindo que a pessoa que pratica violência contra você não o faça mais; (b) uma ordem determinando que a pessoa que pratica violência contra você deixe a sua residência, edifício ou seu local de trabalho; (c) uma ordem concedendo a guarda de criança(s) menor(es) à sua pessoa; (d) uma ordem obrigando a pessoa que pratica violência contra você a pagar pensão alimentícia a você ou a filho(s) menor(es) que esteja(m) sob a sua guarda, caso essa pessoa tenha a obrigação de pagar tal pensão; e (e) uma ordem obrigando a pessoa que pratica violência contra você a reembolsá-la por despesas que tenha tido resultantes de violência doméstica, incluindo despesas médicas ou despesas com mudança, lucros cessantes, tarifas para ligar os serviços de utilidades, despesas para trocar os fechados nas portas, além de honorários advocatícios razoáveis e outros custos reembolsáveis que você tenha sofrido na decorrência de danos pessoais ou à propriedade.

Em caso de emergência nos fins-de-semana, feriados ou depois do horário comercial, o departamento de polícia o/a encaminhará ao juiz do Tribunal Superior, da Vara de Família e Sucessões, do Tribunal da Comarca ou do Tribunal Municipal de Boston.

Você tem o direito de procurar o tribunal da comarca ou o Tribunal Municipal de Boston e solicitar uma queixa criminal relacionada com ameaças, agressão, agressão com arma letal, agressão com intuito de matar ou outras ofensas criminais relacionadas a tanto.

Caso necessite de tratamento médico, você tem o direito de solicitar que um policial presente o leve até ao hospital mais próximo ou de alguma forma o/a ajude a obter assistência médica.

Caso acredite que precisa de proteção policial para assegurar sua integridade física, você tem o direito de solicitar que um policial presente permaneça no local até que você e seu(s) filho(s) possam deixar o local ou até que sua segurança seja garantida de outra forma. Você também pode pedir que o policial o/a ajude a localizar e chegar até um local seguro, incluindo entre outros um local de encontro específico para um abrigo para vítimas de violência doméstica ou a residência de um familiar ou amigo.

Você pode solicitar do departamento de polícia uma cópia gratuita do boletim de ocorrências.

Quando a pessoa que pratica a violência for presa, ele ou ela pode ter direito a aguardar sentença em liberdade após o pagamento da fiança e pode vir a ser liberado da prisão rapidamente.