

INSTRUCTIONS TO THE PLAINTIFF

ABUSE PREVENTION ORDERS

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 any 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

1. COMPLAINT FORM

To request an Abuse Prevention Order, you must fill out a Complaint form and other appropriate forms. There is no filing fee. You are the "Plaintiff." The person you allege has harassed you is the "Defendant."

Part C: If either you or the Defendant is under the age of 18, indicate that in Part C. 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 be kept confidential.

Part E: If you answer "Yes," please have with you any legal papers from any such court proceeding at the time of the hearing.

Part J: In number 5, 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.

2. AFFIDAVIT

When you have completed the Complaint form, you must then complete the form entitled Affidavit. Describe the details of the abuse. When you are requesting relief after court hours, you must fill out the Affidavit, unless a judge directs otherwise.

3. PLAINTIFF CONFIDENTIAL INFORMATION FORM

Enter the appropriate information (address(es), telephone number(s), email address). The information in this form is accessible only by the Plaintiff, those authorized by the Plaintiff, those authorized by statute, and by court order. However, the Plaintiff's residential address and workplace address shall appear on the Order and be accessible to the Defendant and the Defendant's attorney unless the Plaintiff specifically requests that the information be withheld from the order. The form is kept by the court, but is not part of the public record.

4. DEFENDANT INFORMATION FORM

This form describes the Defendant and where Defendant can be found. If an Order is issued, this information will be used by law enforcement officers to locate the Defendant to deliver the Order.

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

DOCKET NO. _____

Massachusetts Trial Court



A	• Boston Municipal Court	• District Court	• Juvenile Court	• Superior Court	DIVISION
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B	F	NAME OF PLAINTIFF <i>(person seeking protection)</i>	NAME OF DEFENDANT <i>(person accused of abuse)</i>	Defendant's Alias, if any
			Sex: • M • F	

C	G	<input type="checkbox"/> I am 18 or older. <input type="checkbox"/> I am under the age of 18 and _____ <i>(name)</i> , my _____ <i>(relationship to Plaintiff)</i> , has filed this Complaint on my behalf. <input type="checkbox"/> The Defendant is 18 or older.	The Defendant and the 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 are related to each other by blood or marriage; specifically, the Defendant is my: _____ <i>(relationship to Plaintiff)</i>	
D	<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.			
To my knowledge, the Defendant possesses the following guns, ammunition, firearms identification card, and/or license to carry: _____				

E	H	Are there any prior or pending actions in any state or country involving the Plaintiff and the Defendant for divorce, annulment, separate support, legal separation, or abuse prevention? • NO • YES <i>If so, list court, type of case, date, and docket no. (if available).</i>	Does the Plaintiff have any children under the age of 18? • NO • YES <i>If so, the Plaintiff shall complete the appropriate parts of Page 2.</i>	
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I		On or about <i>(date)</i> _____ I suffered abuse when the Defendant:		
		<input type="checkbox"/> Attempted to cause me physical harm <input type="checkbox"/> Caused me physical harm	<input type="checkbox"/> Placed me in fear of imminent serious physical harm <input type="checkbox"/> Caused me to engage in sexual relations by force, threat, or duress	

J	THEREFORE, I ASK THE COURT			
<input type="checkbox"/> 1. To order 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.				
<input type="checkbox"/> 2. To order the Defendant not to contact me, unless authorized to do so by the Court.				
<input type="checkbox"/> 3a. To order the Defendant to leave and remain away from my residence <i>(as listed on the Plaintiff Confidential Information form)</i> .				
<input type="checkbox"/> 3b. To order the Defendant to leave and remain away from my workplace <i>(as listed on the Plaintiff Confidential Information form)</i> .				
<input type="checkbox"/> 3c. To order the Defendant to leave and remain away from my school <i>(as listed on the Plaintiff Confidential Information form)</i> .				
<input type="checkbox"/> 4a. To order that my residential address not appear on the order.				
<input type="checkbox"/> 4b. To order that my workplace address not appear on the order.				
<input type="checkbox"/> 4c. To order that my school address not appear on the order.				
<input type="checkbox"/> 5. To order the Defendant to pay me \$ _____ in compensation for the following losses suffered as a direct result of the abuse: _____				
<input type="checkbox"/> 6. To order the Defendant, who has a legal obligation to do so, to pay temporary support to me.				
<input type="checkbox"/> 7. To order the relief requested on Page 2 of this Complaint pertaining to my minor child(ren).				
<input type="checkbox"/> 8. To order the following: _____				
<input type="checkbox"/> 9. To order 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.				

DATE	PLAINTIFF'S SIGNATURE	Please complete the AFFIDAVIT, the PLAINTIFF CONFIDENTIAL INFORMATION form, and the DEFENDANT INFORMATION form.
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This is a request for a civil order to protect against future abuse. 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. The actions of the Defendant may also constitute a crime subject to criminal penalties. For information about filing a criminal complaint, you may talk with the District Attorney's Office where the alleged abuse occurred.

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. Note: Unless the Court allows a motion to impound, this affidavit will be public record, including any names or specific addresses included in the affidavit.

On or about _____ (date), the Defendant:

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, including those provided on P.1, Section E and P.2, Sections A and B of the Complaint form regarding prior and/or pending court actions, and in any additional pages attached, are true to the best of my knowledge.

DATE SIGNED

PLAINTIFF'S SIGNATURE

WITNESSED BY

PRINTED NAME OF WITNESS

TITLE OF WITNESS

• If this box is checked, this form was completed by a police officer with information provided by the Plaintiff.

SIGNATURE OF OFFICER

PRINTED NAME/TITLE OF OFFICER

I have transcribed the above affidavit for the Plaintiff.

TRANSCRIBER'S SIGNATURE

PRINTED NAME OF TRANSCRIBER

- Court Certified Interpreter
- Court Screened Interpreter
- Other: _____
- Remote Translation via Telephone/Video

PLAINTIFF CONFIDENTIAL INFORMATION FORM
G.L. c. 209A, § 8 or G.L. c. 258E, § 10

DOCKET NO. (for court use only)

Massachusetts Trial Court



This form should be sealed in an envelope marked "PLAINTIFF'S ADDRESS – CONFIDENTIAL."

PLAINTIFF'S NAME

PLAINTIFF'S DATE OF BIRTH

If this box is checked, the Plaintiff requests/requires an interpreter. Language: _____

PLAINTIFF'S EMAIL ADDRESS

PLAINTIFF'S CELLPHONE NO.

PLAINTIFF'S RESIDENTIAL ADDRESS

PLAINTIFF'S RESIDENTIAL TELEPHONE NO.

If this is an apartment building or other multiple family dwelling, check here

ANY FORMER ADDRESS PLAINTIFF HAS LEFT TO AVOID ABUSE (for G.L. c. 209A abuse prevention cases only)

NAME OF PLAINTIFF'S WORKPLACE

ADDRESS OF PLAINTIFF'S WORKPLACE

PLAINTIFF'S WORKPLACE TELEPHONE NO.

NAME OF PLAINTIFF'S SCHOOL

ADDRESS OF PLAINTIFF'S SCHOOL

PERSONS AUTHORIZED BY PLAINTIFF TO HAVE ACCESS TO THIS CONFIDENTIAL INFORMATION

DATE

PLAINTIFF'S SIGNATURE

THIS FORM IS CONFIDENTIAL AND IS NOT AVAILABLE TO THE PUBLIC, THE DEFENDANT, OR THE DEFENDANT'S ATTORNEY.

Except with a judge's permission, this form is available only to you, to your attorney, to those you authorize to have access (see above), and to certain persons when access is necessary in the performance of their duties (prosecutors, law enforcement officers, victim-witness advocates, sexual assault counselors, and, in G.L. c. 209A cases, domestic violence counselors).

IF A JUDGE ORDERS THE DEFENDANT TO REMAIN AWAY FROM YOUR RESIDENCE, WORKPLACE, OR SCHOOL, THOSE ADDRESSES WILL APPEAR IN THE COURT ORDER. THEY WILL NOT BE AVAILABLE TO THE PUBLIC BUT THEY WILL BE DISCLOSED TO THE DEFENDANT. If you do not want those addresses to appear in the court Order and thereby be disclosed to the Defendant, you should specifically request that they be omitted from the court Order.

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 a judge to keep other parts of the court record from public inspection, ask the Clerk's or Register's Office to explain how to file a Motion for Impoundment under Trial Court Uniform Rule VIII on Impoundment Procedure. You may also file a Motion for Impoundment if you have good reasons why your addresses or other confidential information in this case should not be disclosed to those who would otherwise have access in the course of their duties (prosecutors, law enforcement officers, victim-witness advocates, sexual assault counselors and, in G.L. c. 209A cases, domestic violence counselors). Usually, a general preference for privacy is not alone a sufficient reason for a judge to impound court records from public inspection.

If either you or the Defendant is under 18, other court records of this matter will not be open to public inspection, and will be available only to you and the Defendant, and to your attorneys. They will also be available to the parent or guardian of any party who is under 18.

DEFENDANT INFORMATION FORM**AS PROVIDED BY PLAINTIFF**

G.L. c. 209A or G.L. c. 258E

DOCKET NO. (for court use only)

Massachusetts Trial Court

The below information is requested to help police to identify and locate the Defendant in order to serve the Defendant with a copy of any abuse prevention or harassment prevention Order that is issued. Please provide as much information as possible.

DEFENDANT'S NAME	DATE OF BIRTH
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DEFENDANT'S CELLPHONE NO.	DEFENDANT'S EMAIL ADDRESS
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OTHER NAMES USED BY THE DEFENDANT, IF ANY	PLACE OF BIRTH
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MOTHER'S MAIDEN NAME (FIRST & LAST)	FATHER'S NAME (FIRST & LAST)	LAST FOUR SOCIAL SECURITY NO. XXX - XX -
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SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	RACE	EYES	HAIR	HEIGHT	WEIGHT	PHOTO AVAILABLE (helpful for ID) <input type="checkbox"/> Yes <input type="checkbox"/> No
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BUILD	OTHER PHYSICAL CHARACTERISTICS (beard, glasses, scars, tattoos, complexion, hairstyle)
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DEFENDANT'S HOME ADDRESS (NO., STREET, CITY, STATE, ZIP)	DEFENDANT'S HOME TELEPHONE NO.
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APT. NO.	FLOOR NO.	NAME ON DOOR/MAILBOX	DOES DEFENDANT UNDERSTAND ENGLISH? <input type="checkbox"/> YES <input type="checkbox"/> NO IF NOT, WHAT LANGUAGE(S)?
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DEFENDANT'S EMPLOYER/WORKPLACE	WORK TELEPHONE NO.
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WORK ADDRESS (NO., STREET, CITY, STATE, ZIP)	TITLE
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DEPARTMENT	WORK HOURS
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MOTOR VEHICLE LICENSE PLATE	YEAR	MAKE	MODEL	COLOR
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DOES DEFENDANT HAVE: (describe very briefly)

A history of violence toward police officers? NO YES

A history of using and/or abusing drugs and/or alcohol? NO YES What kind?

Access to or possess guns, ammunition, a license to carry, a FID card? NO YES What kind?

Mental health problems? NO YES What kind?

ANY OTHER INFORMATION WHICH MIGHT BE HELPFUL IN LOCATING THE DEFENDANT (Include best place and/or time to find, temporary residence, friends' and/or relatives' houses, etc.)

DATE	PRINT PLAINTIFF'S NAME	PLAINTIFF'S SIGNATURE
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