

The party filing this affidavit may request certain address(es) to be kept confidential if the address is a shelter for battered persons and their dependent child(ren), **or** the party filing this affidavit believes that he/she or the child(ren) are in danger of physical **or** emotional abuse, **or** the party is filing an action under G.L. c. 209A. **If you checked the box in section 3 indicating that you believe the above provision applies to you, complete sections 10 and 11 below, and DO NOT complete sections 4 and 5.**

Section 10	<p>The address(es) of the child(ren) listed in section 2 whose care or custody is at issue in this case are:</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 20%; text-align: left;">Child(ren)</th> <th style="width: 40%; text-align: left;">Address(es)</th> <th style="width: 40%; text-align: left;">Address(es) During Last 2 Years, If Different</th> </tr> </thead> <tbody> <tr> <td rowspan="2">Child A.</td> <td>_____</td> <td>_____</td> </tr> <tr> <td style="text-align: center;">Street Address</td> <td></td> </tr> <tr> <td rowspan="2"></td> <td>_____</td> <td>_____</td> </tr> <tr> <td style="text-align: center;">City, State, Zip Code</td> <td></td> </tr> <tr> <td rowspan="2">Child B.</td> <td>_____</td> <td>_____</td> </tr> <tr> <td style="text-align: center;">Street Address</td> <td></td> </tr> <tr> <td rowspan="2"></td> <td>_____</td> <td>_____</td> </tr> <tr> <td style="text-align: center;">City, State, Zip Code</td> <td></td> </tr> <tr> <td rowspan="2">Child C.</td> <td>_____</td> <td>_____</td> </tr> <tr> <td style="text-align: center;">Street Address</td> <td></td> </tr> <tr> <td rowspan="2"></td> <td>_____</td> <td>_____</td> </tr> <tr> <td style="text-align: center;">City, State, Zip Code</td> <td></td> </tr> </tbody> </table>			Child(ren)	Address(es)	Address(es) During Last 2 Years, If Different	Child A.	_____	_____	Street Address			_____	_____	City, State, Zip Code		Child B.	_____	_____	Street Address			_____	_____	City, State, Zip Code		Child C.	_____	_____	Street Address			_____	_____	City, State, Zip Code	
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	City, State, Zip Code																																			

Section 11	<p>My address is: _____</p> <p style="text-align: center;">Street Address, City, State, Zip Code</p>
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Section 12	<p style="text-align: center;">LIST OF ATTORNEYS AND GUARDIANS AD LITEM/INVESTIGATORS</p> <p>Please list the names of all attorneys and guardians ad litem involved in the pending proceedings listed in section 7.</p> <ol style="list-style-type: none"> 1. _____ <small>Attorney(s) for child(ren). (Please specify if each child is represented by a different attorney.)</small> 2. _____ <small>GAL(s)/Investigator(s) (Please indicate if a GAL has been appointed to represent a specific child.)</small> 3. _____ <small>Attorney(s) for [] of</small> 4. _____ <small>Attorney(s) for [] of</small> <p style="text-align: center;">(Fill Out Below If Applicable)</p> <p>I, _____, attorney for D.C.F. or its agent have ascertained from the above checked off attorney(s) and guardian(s) ad litem/investigators a willingness to accept an appointment from the court to represent the same party should the court elect to make such appointment.</p> <p style="text-align: right;">_____ (Signature)</p>
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