

**DEFENDANT'S AFFIDAVIT IN  
CONNECTION WITH REQUEST  
FOR A CHILD SUPPORT ORDER**

DOCKET NO. (FOR COURT USE ONLY)

**TRIAL COURT OF MASSACHUSETTS**



PLAINTIFF'S NAME

DEFENDANT'S NAME

COURT DIVISION

I, \_\_\_\_\_, do state or affirm that the following is true to the best of my knowledge and belief:

1. I am the mother/father (*circle one*) of the following minor child(ren):

\_\_\_\_\_  
\_\_\_\_\_

2. The Plaintiff is the legal custodian of the above named child(ren).

3. I work as a \_\_\_\_\_.

I work for \_\_\_\_\_,

whose address is \_\_\_\_\_.

4. My gross income and my expenses are as follows:

Gross income (income before taxes)	I make \$_____ per week/month ( <i>circle one</i> ).
Health insurance	I pay \$_____ per week/month ( <i>circle one</i> ).
Dental and/or vision insurance	I pay \$_____ per week/month ( <i>circle one</i> ).
My child care expenses for child(ren) listed in Par. 1	I pay \$_____ per week/month ( <i>circle one</i> ).
Other child support obligations	I pay \$_____ per week/month ( <i>circle one</i> ).

☐ I state that the above is true, signed under penalties of perjury.

DEFENDANT'S PRINTED NAME

DATE

DEFENDANT'S SIGNATURE