

ADDRESSES TO BE KEPT CONFIDENTIAL

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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	The address(es) of the child(ren) listed in section 2 whose care or custody is at issue in this case are:		
	Child(ren)	Address(es)	Address(es) During Last 2 Years, If Different
	Child A.	_____	_____
		Street Address	Street Address
		_____	_____
		City, State, Zip Code	City, State, Zip Code
	Child B.	_____	_____
		Street Address	Street Address
		_____	_____
		City, State, Zip Code	City, State, Zip Code
	Child C.	_____	_____
		Street Address	Street Address
		_____	_____
		City, State, Zip Code	City, State, Zip Code

Section 11	My address is: _____ Street Address, City, State, Zip Code
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Section 12	<p 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> <p>1. <input type="checkbox"/> _____ Attorney(s) for child(ren). (Please specify if each child is represented by a different attorney.)</p> <p><input type="checkbox"/> _____</p> <p><input type="checkbox"/> _____</p> <p>2. <input type="checkbox"/> _____ GAL(s) Investigator(s) (Please indicate if a GAL has been appointed to represent a specific child.)</p> <p><input type="checkbox"/> _____</p> <p><input type="checkbox"/> _____</p> <p>3. <input type="checkbox"/> _____ Attorney(s) for mother</p> <p><input type="checkbox"/> _____</p> <p>4. <input type="checkbox"/> _____ Attorney(s) for father</p> <p align="center">(Fill Out Below If Applicable)</p> <p>I, _____ attorney for D.S.S. 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 an appointment.</p> <p align="right">_____ (Signature)</p>
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