

**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.**

|                   |   |                       |  |
|-------------------|---|-----------------------|--|
| <b>Section 10</b> | The address(es) of the child(ren) listed in section 2 whose care or custody is at issue in this case are: |                       |  |
|                   | <b>Child(ren)</b>   | <b>Address(es)</b>    | <b>Address(es) During Last 2 Years, If Different</b> |
|                   | <b>Child A.</b>   | _____                 | _____  |
|                   |   | Street Address        | Street Address                                       |
|                   |   | _____                 | _____  |
|                   |   | City, State, Zip Code | City, State, Zip Code                                |
|                   | <b>Child B.</b>   | _____                 | _____  |
|                   |   | Street Address        | Street Address                                       |
|                   |   | _____                 | _____  |
|                   |   | City, State, Zip Code | City, State, Zip Code                                |
|                   | <b>Child C.</b>   | _____                 | _____  |
|                   |   | Street Address        | Street Address                                       |
|                   |   | _____                 | _____  |
|                   |   | City, State, Zip Code | City, State, Zip Code                                |

|                   |  |
|-------------------|--|
| <b>Section 11</b> | <b>My address is:</b> _____<br>Street Address, City, State, Zip Code |
|-------------------|--|

|                   |   |
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| <b>Section 12</b> | <p align="center"><b>LIST OF ATTORNEYS AND GUARDIANS AD LITEM /INVESTIGATORS</b></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"/> _____<br/>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"/> _____<br/>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"/> _____<br/>Attorney(s) for mother</p> <p><input type="checkbox"/> _____</p> <p>4. <input type="checkbox"/> _____<br/>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">_____<br/>(Signature)</p> |
|-------------------|---|