

**Commonwealth of Massachusetts  
The Trial Court  
Probate and Family Court Department**

Hampshire Division

Docket No. \_\_\_\_\_

Case Name: \_\_\_\_\_

**Public Assistance Affidavit**

1. I, \_\_\_\_\_ petitioner/plaintiff, hereby declare that I have made inquiry and, to the best of my knowledge, information and belief all of the information on this form is true, accurate and complete.

2. The name(s) and address(s) of the child(ren) who is/are the subject of this complaint or petition:

Name(s)

Address

_____	_____
_____	_____
_____	_____
_____	_____

3a. I am receiving public assistance. Yes  No

b. I have received public assistance in the past. Yes  No

If the response is yes to either 3a or 3b, please specify the type of public assistance received:

Department of Transitional Assistance (Public Welfare)

Department of Social Services

Division of Medical Assistance (Medicaid)

Other (Please specify) \_\_\_\_\_

4a. The child(ren) listed is/are receiving public assistance. Yes  No

b. The child(ren) listed has/have received public assistance in the past. Yes  No

If the response is yes to either 3a or 3b, please specify the type of public assistance received:

Department of Transitional Assistance (Public Welfare)

Department of Social Services

Division of Medical Assistance (Medicaid)

Other (Please specify) \_\_\_\_\_

This affidavit must be personally signed by the petitioner/plaintiff listed in Section 1. If the petitioner/plaintiff is under the age of 18 years and is represented by an attorney, the attorney must also sign this affidavit. A revised affidavit must be filed with the Court if new information is discovered subsequent to this filing.

Signed this \_\_\_\_\_ day of \_\_\_\_\_ 200 \_\_\_\_ under the penalty of perjury.

Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_

Attorney: \_\_\_\_\_ Printed Name: \_\_\_\_\_