

**Commonwealth of Massachusetts**

**The Trial Court**

**Bristol Division**

**Probate and Family Court Department**

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

**Complaint for Judicial Review Pursuant to Chapter 119A, Section 17**

\_\_\_\_\_, Plaintiff

v.

Department of Revenue, Child Support Enforcement Division, on behalf of

\_\_\_\_\_, Defendant

1. Now comes the plaintiff in the above entitled action seeking judicial review of an administrative decision of the Department of Revenue, Child Support Enforcement Division, under the provisions of Chapter 119A, Section 17.

2. The plaintiff resides at \_\_\_\_\_  
(street address)  
\_\_\_\_\_  
(city or town) (state) (zip code)

3. The defendant Department of Revenue Child Support Enforcement Division is the duly authorized child support enforcement agency within the Commonwealth designated under Chapter 119A of the General Laws pursuant to Title IV Part D of the Social Security Act and has its principal place of business at 51 Sleeper Street, Boston, Massachusetts.

4. The plaintiff is aggrieved by the defendant's final determination regarding actions taken in collecting and disbursing child support or, regarding the plaintiff's failure to comply with a subpoena, summons, or warrant/capias. The defendant's final determination was issued on \_\_\_\_\_ 20 \_\_\_\_  
A copy of that final determination is attached.

5. The plaintiff appeals from defendant's final determination alleging that it was in error and without just cause for the following reason(s):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. WHEREFORE, the Plaintiff requests this honorable court to grant the following relief:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Attorney or Plaintiff, if pro se

For Defendant:

For Plaintiff:

\_\_\_\_\_  
Print Name and Address

\_\_\_\_\_  
Print Name and Address

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(\_\_\_\_\_) \_\_\_\_\_  
Telephone Number

(\_\_\_\_\_) \_\_\_\_\_  
Telephone Number

Attorney's B.B.O. # \_\_\_\_\_

Attorney's B.B.O. # \_\_\_\_\_

Filed \_\_\_\_\_, 20\_\_\_\_  
Judgment \_\_\_\_\_, 20\_\_\_\_

For Court  
Use Only

**INSTRUCTIONS**

1. This Complaint is to be filed in the Probate and Family Court where the child support order or other judgment relating to child support was issued or registered. If there is no such order or judgment, the Complaint is to be filed in the county where the plaintiff resides.
2. This Complaint must be filed within forty-five (45) days of the date of the final determination entered by the Department of Revenue Child Support Enforcement Division.
3. A copy of the final determination entered by the Department of Revenue Child Support Enforcement Division **must** be filed with this Complaint.
4. A copy of this Complaint and a Summons must be placed in the Department of Revenue box in the Register of Probate's office.
5. Directions for completing the complaint:
  - a.) At the top of the form, before the word "Defendant", write in the name of the person to whom child support is paid;
  - b.) Paragraph 2 - write in your current address;
  - c.) Paragraph 5 - write in the specific reason(s) why you think the Department of Revenue's final determination is wrong;
  - d.) Paragraph 6 - write in the action you want the Court to take.