		STATE O	F VERMONT				
SUPERIOR COURT Unit				Do	cket No.	FAMIL	Y DIVISIO
inor Child's Name		Child's DOB	Defendant's Name			DOE	3
In re: Name of person filing on behalf of child		DOB	_				
		Defendant's Stre	not Addross		City State	7in	
	Determant 3 Street Address		City, State, Zip				
AFFI	DAVIT IN	SUPPORT	OF COMPLAINT	FOR CHII	ر.D		
support of the claims made in my	-	and subject	to the penalties for	perjury, I st	ate the fo	llowing fac	cts to be
ue to the best of my knowledge ar					Date		Time
1. The most recent incident that	t causes me	e to ask for a	n order happened o	n or about		at	
Town, State	when	Name of pe			llowing to the minor child		
Describe what happened below. Be spec	ific: What was		named above: at of violence? Where did it happen? Who else was there? Was a weapon				
volved? Was the child or anyone else inju	ured? What v	were the injurie	s?)				
					Attach a s	eparate she	et if necessa
2. Is the incident described abov				efendant?[•	,
If your answer is No, please fil	ıı ın the follo	owing inform	nation:	Date		 	Time
The most serious incident that	t causes me	to ask for a	n order happened o	n		l at l	

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	Town, State	(Describe what happened below. Please be specific: What was the act or threat of violence? Where
in		did it happen? Who else was there? Was a weapon involved? Was the child or anyone else injured?
		What were the injuries?)
		Attach a separate sheet if necessary
		Attach a separate sheet if necessary
3.	Other past incidents	s of serious violence or threats that support my request for an Order include:
		s of serious violence or threats that support my request for an Order include: E: When and where it happened, who else was there, and details about any injuries resulting or weapons used.)

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				Attach a separate sheet if necessary						
4. Do you feel that the child named above is in immediate danger of further abuse from the defendant? Yes No Do you believe that the defendant poses a danger to other children in the household? Yes No If you checked yes to either question, please explain why.										
	s 🗆 No		ding involving you, the Defer	ndant and/or the child named in						
Type of Proceeding			Name of Court And State	Docket Number And Date Filed						
Divorce/Separation Civil Union Dissolution Parentage										
Relief From Abuse Protection Order										
Criminal										
Guardianship Probate										
Juvenile										
	_									
I hereby swear	or affirm that the	e information above	e is true to the best of my k	nowledge and belief.						
		Signature of Plaintiff		Date						
	Printed Name									
Signed and swo										
	Date	Signature of Notar	y Public	Expiration Date						
L										

NOTICE: This Affidavit will be served on Defendant with your Complaint.

WARNING

MAKING FALSE STATEMENTS IN THIS AFFIDAVIT IS A CRIME SUBJECT TO A TERM OF IMPRISONMENT OR A FINE, OR BOTH AS PROVIDED BY 13 V.S.A. §2904.

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