

# MAINE JUDICIAL BRANCH

## HELP FOR PEOPLE FILING A PROTECTION ORDER

If you are a victim of violence, abuse, or harassment and believe you are in immediate danger, call 9-1-1.  
For help locating emergency services in your area, call 2-1-1.

### SEXUAL ASSAULT/HARASSMENT HELP

**Sexual Assault & Harassment Statewide 27/7 Hotline**  
1-800-871-7741  
[mecasa.org](http://mecasa.org)

### DOMESTIC VIOLENCE HELP

**Domestic Violence Statewide 27/7 Hotline**  
1-800-834-HELP  
[mcedv.org](http://mcedv.org)

### More Sexual Assault and Domestic Violence Help

#### Tribal Sexual Assault & Domestic Violence 27/7 Hotline Numbers

*Wabanaki Women's Coalition*

Micmac Advocacy Center • (207) 551-3639 Maliseet Advocacy Center • (207) 532-6401

Indian Township Passamaquoddy Advocacy Center • (207) 214-1917

Passamaquoddy Peaceful Relations Advocacy Center • 1-877-853-2613

Penobscot Nation Advocacy Center • (207) 631-4886

### How can an advocate help me?

**An advocate is a trained person who can help a victim of violence, abuse, or harassment to:**

- Give you information about protection orders and help you understand what happens in court;
- Help you file court paperwork and find legal help;
- Go with you to your hearing and give you support and information;
- Help you with other services like housing, counseling, support groups, and mental health help;
- Help make sure you are safe; and
- Provide information on how to file for a protection order if you are under 18.

### LEGAL HELP

**Maine State Bar Association Lawyer Referral Service**  
1-800-860-1460 or [www.mainebar.org/page/AttorneyRequest](http://www.mainebar.org/page/AttorneyRequest)  
(30-minute consultation with a lawyer for \$25 administrative fee)

**Legal Services for the Elderly**  
1-800-750-5353 or [www.mainelse.org](http://www.mainelse.org)

### MORE INFORMATION

To learn more about the court process to get a protection order, please review [A Guide to Protection from Abuse and Harassment Cases](#) or scan the QR code on the right.



To learn more about how to file for a protection order **by email**, please visit the [Maine Judicial Branch website](#) or scan the QR code on the right.



MAINE JUDICIAL BRANCH

Plaintiff

DISTRICT COURT

Location (Town): \_\_\_\_\_

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

individually **and** on behalf of:

on behalf of:

V.

Defendant

on behalf of:

**CERTIFICATION FOR ELECTRONIC FILING OF COMPLAINT OR MOTION TO EXTEND PROTECTION ORDER**

PMO-SJC-3; M.R.E.C.S. 31-40

**PLEASE NOTE: This form is required only for complaints for a protection order or a motion to extend a protection order that are filed electronically (either by email or through eFileMaine). If you want to file in person at a courthouse, you do not need to complete this form.**

**If you wish to speak to an advocate, you can call the free and confidential statewide hotline for the Maine Coalition to End Domestic Violence at 1-866-834-4357 or the Maine Coalition Against Sexual Assault at 1-800-871-7741.**

1. To file a complaint or motion to extend in a protection order case electronically, **you must check that you understand the following:**

- I UNDERSTAND I must** have access to a safe phone number and a safe email that I can check regularly to file electronically. This is because the clerk will contact me by email to (1) tell me if the court granted me a temporary order for protection, or (2) if needed, to schedule a time for me to call the court so the judge can ask for additional information.
- I UNDERSTAND** if the court schedules me for a call with the judge (the defendant will **not** be on the call) and I do not call at that time, my case will not be dismissed but **my request for a temporary order may be denied.**
- I UNDERSTAND** that filing by email does **not** mean I am automatically protected. A judge must review my filing and decide whether to grant a temporary order or temporarily extend my existing protection order.

**ADA Notice:** The Maine Judicial Branch complies with the Americans with Disabilities Act (ADA). If you need a reasonable accommodation, contact the Court Access Coordinator, [accessibility@courts.maine.gov](mailto:accessibility@courts.maine.gov), or a court clerk.

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- I UNDERSTAND that any filings received electronically on a weekend, legal holiday, during a court closure, or after 3:00 p.m. on a weekday will not be reviewed until the next business day.
- I UNDERSTAND that I may file electronically without oath and notarization only if I check the box on the court's complaint or motion to extend form that says:
- "I swear under penalty of perjury that the above statements are true and correct. I understand that these statements are made for use as evidence in court and that I am subject to prosecution for perjury punishable by up to 5 years in prison and a fine of up to \$5,000.00 if I give false information to the court."
- I UNDERSTAND that all documents filed by email must be in Word or PDF format. All documents filed by eFileMaine must be in PDF format, and each form/document must be submitted individually as separate files within the same filing or "envelope". Photographs of documents and hyperlinks to documents will **not** be opened or reviewed by the court.

If you cannot agree to all the above, you should go to the court to file in person. Please visit the following website for a list of courts by city or town:

[https://www.courts.maine.gov/maine\\_courts/findacourt/court\\_by\\_town.shtml](https://www.courts.maine.gov/maine_courts/findacourt/court_by_town.shtml)

### 2. Safe Email to Schedule Call with Judge

To file electronically, you **must** provide a safe email for the court to contact you in case the judge has questions and needs to schedule a call with you. **Not all cases will need a call with the judge.** If you do not have a safe email, you should go to the court to file in person.

Safe email: \_\_\_\_\_

Safe phone number: \_\_\_\_\_

Check here if you would like the clerk to also call you with your scheduled time. Please note that the clerk may be calling from a number that displays the caller ID (not a blocked number) and will not leave a voicemail if you do not pick up.

### 3. Court Selection

I want to file this matter in (*court location/town name*) \_\_\_\_\_ District Court.

Visit the following website for a list of courts by city or town:

[https://www.courts.maine.gov/maine\\_courts/findacourt/court\\_by\\_town.shtml](https://www.courts.maine.gov/maine_courts/findacourt/court_by_town.shtml)

### 4. Method of Electronic Filing (*please select one option below*)

- a.  I want to file **by email** (this option is available for all courts, but **only for complaints and motions to extend without a filing fee**).

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Please email your filing to the regional email address for the court where you want to file:

- Region 1 (Biddeford District Court): [region1pafilings@courts.maine.gov](mailto:region1pafilings@courts.maine.gov)
- Region 2 (Bridgton and Portland District Courts): [region2pafilings@courts.maine.gov](mailto:region2pafilings@courts.maine.gov)
- Region 3 (Farmington, Lewiston, Rumford, and South Paris District Courts):  
[region3pafilings@courts.maine.gov](mailto:region3pafilings@courts.maine.gov)
- Region 4 (Augusta, Skowhegan, and Waterville District Courts):  
[region4pafilings@courts.maine.gov](mailto:region4pafilings@courts.maine.gov)
- Region 5 (Bangor, Dover-Foxcroft, Lincoln, Millinocket, and Newport District Courts):  
[region5pafilings@courts.maine.gov](mailto:region5pafilings@courts.maine.gov)
- Region 6 (Belfast, Rockland, West Bath, and Wiscasset District Courts):  
[region6pafilings@courts.maine.gov](mailto:region6pafilings@courts.maine.gov)
- Region 7 (Calais, Ellsworth, and Machias District Courts):  
[region7pafilings@courts.maine.gov](mailto:region7pafilings@courts.maine.gov)
- Region 8 (Caribou, Fort Kent, Houlton, Madawaska, and Presque Isle District Courts):  
[region8pafilings@courts.maine.gov](mailto:region8pafilings@courts.maine.gov)

- b.  I want to file using **eFileMaine** (this option is available for all complaints and motions to extend, but **only in the following District Courts: Bangor, Lewiston, South Paris, Farmington, and Rumford**).

To file using eFileMaine, please visit: <https://www.courts.maine.gov/ecourts/efile.html>

### 5. Completing the Forms

After you have completed this form, complete the other forms in the protection from abuse packet, protection from harassment packet, or the motion to extend protection order packet as instructed. You must then electronically file the completed packet, including this form, whether you are submitting the filing by email to the regional email address or through eFileMaine.

**FILING CERTIFICATION.** I hereby certify that there are good grounds to support this pleading and that it is not being filed to cause any delay.

Date (mm/dd/yyyy): \_\_\_\_\_

▶  /s/  
Name of filing party or filing party's attorney  
(Typing your name above will be accepted by the court as an electronic signature.)

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MAINE JUDICIAL BRANCH

Plaintiff

DISTRICT COURT

Location (Town): \_\_\_\_\_

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

individually **and** on behalf of: \_\_\_\_\_

on behalf of: \_\_\_\_\_

V.

Defendant

on behalf of: \_\_\_\_\_

COMPLAINT FOR PROTECTION FROM ABUSE

19-A M.R.S. §§ 4101-4116

**NOTE: You must file form PA-027 if you are filing this electronically. Failure to do so will result in rejection of the Complaint.**

1. Plaintiff information:

Full name: \_\_\_\_\_

Gender:  Female  Male  Other

Date of Birth (mm/dd/yyyy): \_\_\_\_\_

**Do NOT list your contact information below if it is to be kept confidential. Instead, complete form PA-015, Affidavit for Confidential Address, which can be obtained from the clerk or at [www.courts.maine.gov](http://www.courts.maine.gov).**

Present street address (street address, city, state): \_\_\_\_\_

If different, mailing address: \_\_\_\_\_

Telephone number: \_\_\_\_\_

If you are filing this complaint on behalf of a minor, please provide the following information:

Minor's Name

Minor's Date of Birth  
(mm/dd/yyyy)

Minor's Gender (select one)

_____	_____	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other
_____	_____	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other
_____	_____	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other
_____	_____	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other
_____	_____	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other
_____	_____	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other

2. Defendant information:

Full name: \_\_\_\_\_

Gender:  Female  Male  Other

Date of Birth (mm/dd/yyyy): \_\_\_\_\_

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Race:  White  Black  Asian or Pacific Islander  American Indian or Alaskan Indian  Unknown

Present street address: \_\_\_\_\_

If different, mailing address: \_\_\_\_\_

Telephone number: \_\_\_\_\_

If you are filing this complaint against a defendant on behalf of a minor, please provide the following information:

Minor's Name	Minor's Date of Birth (mm/dd/yyyy)	Minor's Gender (select one)
_____	_____	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other
_____	_____	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other
_____	_____	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other
_____	_____	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other
_____	_____	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other
_____	_____	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other

3. Plaintiff's former residence (if different from above), which plaintiff has left to avoid abuse (street address, city, state): \_\_\_\_\_

4. Plaintiff's relationship to the defendant is:

- spouse
- former spouse
- father/mother of my child(ren)
- minor child of a household member
- relative
- former or present sexual partner
- formerly or presently living together
- dating partner
- victim of defendant's sexual assault
- victim of defendant's stalking
- victim of unauthorized dissemination of certain private images
- plaintiff is 60 years of age or older, or a dependent adult, or an incapacitated adult and defendant is plaintiff's extended family member (related by blood adoption or marriage) or unpaid care provider
- victim of sex trafficking
- victim of nonconsensual removal of or tampering with a condom
- plaintiff is a minor who is a victim of sexual exploitation or dissemination of sexually explicit material
- plaintiff is a minor who is a victim of harassment by telephone or electronic communication device

If none of the above options apply, describe relationship:

5. Plaintiff and defendant are the parents of the following children:

Full name	Date of Birth (mm/dd/yyyy)	Minor's Gender (select one)	Present address(es) (do not list if confidential to other party)
_____	_____	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	_____
_____	_____	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	_____

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_____	_____	<input type="checkbox"/> Male	_____
_____	_____	<input type="checkbox"/> Female	_____
_____	_____	<input type="checkbox"/> Other	_____
_____	_____	<input type="checkbox"/> Male	_____
_____	_____	<input type="checkbox"/> Female	_____
_____	_____	<input type="checkbox"/> Other	_____
_____	_____	<input type="checkbox"/> Male	_____
_____	_____	<input type="checkbox"/> Female	_____
_____	_____	<input type="checkbox"/> Other	_____
_____	_____	<input type="checkbox"/> Male	_____
_____	_____	<input type="checkbox"/> Female	_____
_____	_____	<input type="checkbox"/> Other	_____

List below where and with whom the child(ren) have lived within the **past 5 years**, in order from the most recent (attach an additional page if more space is needed):

Name of person with whom child(ren) lived	Present address of the person that child(ren) lived with (do not list if confidential to the other party)	Dates lived with that person (mm/yy – mm/yy)	Town/State where child(ren) lived with that person
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

6. The person who has primary physical residence of the above-named child(ren) is:

\_\_\_\_\_

7. Plaintiff has not been involved in any way in, and has no information about, another court case in any state concerning the custody of the child(ren) named in response to question 5, except as follows:

- Divorce or family matter action
- Protection from abuse
- Guardianship of minor  Name change of minor  Adoption of minor
- You **must** select the court in which the case was filed:  Probate Court  District Court
- Protective custody
- Juvenile matter
- Other (describe what kind of other case): \_\_\_\_\_

*If there are any court orders awarding custody, visitation, etc. for the child(ren) or any court orders against the defendant or any actions pending against either the plaintiff or the defendant, give details:*

\_\_\_\_\_

\_\_\_\_\_

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8. One or both of the parties are involved in the following related cases:

- Divorce or family matter action
- Probate
- Criminal Complaint
- Other (describe what kind of other case) \_\_\_\_\_
- Protection from abuse
- Protective custody

9. No one other than the parties has physical custody of the child(ren), or claims to have custody or visitation rights with respect to the child(ren), except as follows:

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10. Check all of the following that apply:

- I am in immediate and present danger of abuse by the defendant, and I ask that the court issue a temporary order to protect me without prior notice to the defendant.
- My children are in immediate and present danger of abuse by the defendant, and I ask that the court issue a temporary order to protect my minor child(ren) without prior notice to the defendant.
- I am not asking for a temporary order.

11. Answer the following questions:

Does defendant have  access to  possess a  firearm,  muzzle loading firearm,  bow or crossbow, or  other dangerous weapons?

If yes, describe the firearm, muzzle loading firearm, bow or crossbow, or other dangerous weapons and if known, provide its current or last known location:

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Has the defendant ever used a  firearm,  muzzle loading firearm,  bow or crossbow, or  other dangerous weapon in an intimidating, threatening, or abusive way?  Yes  No

If yes, please describe what happened:

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13. Check the following if applicable:

- Public assistance benefits have been or are now being received for the child(ren)
- The Department of Health and Human Services has been contacted to set up, review, change, or enforce a child support order regarding the child(ren). (If an order has issued, a copy of the order must be attached to this complaint.)

14.  To the personal knowledge of the undersigned, defendant is not in the Military Service of the United States, as defined in the Servicemembers Civil Relief Act of 2003 (50 USC App. § 511). This fact is established by the following facts as to residence, employment, etc.:

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Therefore, I ask the court to enter any necessary and appropriate orders and:

- (a) Order the defendant to stop abusing me and  my minor child(ren) living in the household.
- (b) Order the defendant to have no contact with me  or my minor child(ren).
- (c) Order the defendant not to enter my separate residence.
- (d) Order the defendant to refrain from repeatedly, and without reasonable cause, following me or being at, or in the vicinity of, my home, school, business or place of employment.
- (e) Order the defendant not to possess or use a firearm, muzzle loading firearm, bow, crossbow or dangerous weapon.
- (f) Order the defendant to remove, destroy, or return the private images or to direct the removal, destruction, or return of same, to stop the dissemination of the private images, and further order the defendant not to disseminate the private images at any time in the future.
- (g) Give me possession of and order the defendant to leave immediately and not again enter my residence located at:

(h) Give me possession of the following personal and household property including pets and order defendant not to injure or threaten to injure any animals (*name/description of animals*):

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(i) Award me temporary parental rights and responsibilities of the following child(ren) (*names and ages*):

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(j) Give the defendant the following rights of contact with regard to the child(ren):

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- (k) Order the defendant to receive counseling.
- (l) Order the defendant to pay support for me and/or our child(ren). *(If you are asking the defendant to pay support for your child(ren), please complete the following forms: FM-050, FM-040, FM-040-A if applicable, and CR-CV-FM-PC-200.)*
- (m) Order the defendant to pay monetary relief to me for losses suffered as a result of the defendant’s conduct, pay court costs and attorney fees.
- (n) With regard to sex trafficking, order the defendant to pay economic damages related to the return or restoration of the plaintiff’s passport or other immigration document, or pay any debts of the plaintiff arising from the sex trafficking relationship.
- (o) Order the defendant to refrain from destroying, transferring, or tampering with the plaintiff’s passport or other immigration document in the defendant’s possession.
- (p) Other relief requested:

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Pursuant to 19-A M.R.S. § 4106(4) you are hereby put on notice that it is a crime to make a false statement under oath in a court document:

I swear under penalty of perjury that the above statements are true and correct. I understand that these statements are made for use as evidence in court and that I am subject to prosecution for perjury punishable by up to 5 years in prison and a fine of up to \$5,000.00 if I give false information to the court.

Date (mm/dd/yyyy): \_\_\_\_\_



\_\_\_\_\_  
Signature of Plaintiff

**PLEASE NOTE: If you are not filing this complaint electronically, you must have a clerk or notary sign below.** If you are filing this complaint electronically, you may file it without notarization as long as you checked off the above certification and signed this document.

STATE OF MAINE

COUNTY \_\_\_\_\_

Personally appeared the above named, \_\_\_\_\_, and made oath that the foregoing statements are true under penalty of perjury.

Date (mm/dd/yyyy): \_\_\_\_\_



\_\_\_\_\_  
 Clerk  Notary Public  Attorney

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PROTECTION ORDER SERVICE INFORMATION

DEFENDANT

Defendant's Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Apartment number and/or floor: \_\_\_\_\_

Color of house or other description: \_\_\_\_\_

If living with another person, other person's name: \_\_\_\_\_

Telephone: home/work/cell: \_\_\_\_\_

Hours defendant will most likely be at home: \_\_\_\_\_

Name of Employer: \_\_\_\_\_

Work Address: \_\_\_\_\_

Work Schedule:  Mon  Tues  Wed  Thurs  Fri  Sat  Sun

Hours Worked: \_\_\_\_\_  AM  PM to \_\_\_\_\_  AM  PM

PHYSICAL DESCRIPTION (If known)

Birth Date (mm/dd/yyyy): \_\_\_\_\_

Height: \_\_\_\_\_

Weight: \_\_\_\_\_

Hair Color: \_\_\_\_\_

Eye Color: \_\_\_\_\_

Gender: \_\_\_\_\_

Race:  White  Black  Asian or Pacific Islander  American Indian/Alaskan Native  Other

VEHICLE (If known)

Make and Year (yyyy): \_\_\_\_\_

Type/Model: \_\_\_\_\_

Color: \_\_\_\_\_

Registration No. and State: \_\_\_\_\_

If you are unable to provide the above information, please list below the name, address, and telephone number of anyone who can help the serving officer locate the defendant:

\_\_\_\_\_  
\_\_\_\_\_

ADDITIONAL INFORMATION

Does the defendant own a firearm or other weapon?  No  Yes

If the defendant owns a firearm or other weapon, answer the following questions:

Describe the weapon(s): \_\_\_\_\_

Where is/are the weapon(s) usually kept? Include the address where the weapon(s) are usually kept and describe the location of the weapon(s) (i.e., under the bed), if known: \_\_\_\_\_

Does the defendant have a history of violence? \_\_\_\_\_

Is there anything else the serving officer should know about the defendant? \_\_\_\_\_

PLAINTIFF

Plaintiff's Name: \_\_\_\_\_

Address (unless confidential): \_\_\_\_\_

Telephone: home/work/cell (unless confidential): \_\_\_\_\_

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MAINE JUDICIAL BRANCH

Plaintiff

DISTRICT COURT

Location (Town): \_\_\_\_\_

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

individually and on behalf of: \_\_\_\_\_

on behalf of: \_\_\_\_\_

V.

Defendant

on behalf of: \_\_\_\_\_

AFFIDAVIT OF CONFIDENTIAL ADDRESS

19-A M.R.S. § 4112(1), 5 M.R.S. § 4656

**PLEASE NOTE: When your contact information is confidential, the court cannot give your information to an advocate from a domestic violence or sexual assault community agency to call you.** An advocate can help you find legal help, explain what happens in court, and go with you to court. If you want help from an advocate, call one of the numbers on the second page of this form.

I am the  plaintiff  defendant in this case and I request that the court keep the following information confidential:

Physical address: \_\_\_\_\_

Mailing address: \_\_\_\_\_

Email address: \_\_\_\_\_

Telephone number:  Cell \_\_\_\_\_  Home \_\_\_\_\_

Work \_\_\_\_\_

Other ( \_\_\_\_\_ ): \_\_\_\_\_

I state under oath that the health, safety, or liberty of myself and/or my child(ren) would be jeopardized by disclosure of this information for the following reasons:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I swear under penalty of perjury that the above statements are true and correct. I understand that these statements are made for use as evidence in court and that I am subject to prosecution for perjury punishable by up to 5 years in prison and a fine of up to \$5,000 if I give false information to the court.

Date (mm/dd/yyyy): \_\_\_\_\_



Signature of  plaintiff  defendant

STATE OF MAINE

COUNTY \_\_\_\_\_

Personally appeared the above-named, and made oath that the foregoing statements are true under penalty of perjury.

Date (mm/dd/yyyy): \_\_\_\_\_



Attorney at Law  Notary Public  Clerk

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## MAINE JUDICIAL BRANCH

Help For People Filing Protection Orders	
If you are a victim of violence, abuse, or harassment and believe you are in immediate danger, call 9-1-1. For help locating emergency services in your area, call 2-1-1.	
Sexual Assault/Harassment Help	Domestic Violence Help
<b>Sexual Assault &amp; Harassment Statewide 24/7 Hotline</b> 1-800-871-7741 <a href="http://mecasa.org">mecasa.org</a>	<b>Domestic Violence Statewide 24/7 Hotline</b> 1-866-834-HELP <a href="http://mcedv.org">mcedv.org</a>
More Sexual Assault and Domestic Violence Help	
<b>Tribal Sexual Assault &amp; Domestic Violence 24/7 Hotline Numbers</b> <i>Wabanaki Women's Coalition</i> Micmac Advocacy Center • (207) 551-3639 Maliseet Advocacy Center • (207) 532-6401 Indian Township Passamaquoddy Advocacy Center • (207) 214-1917 Passamaquoddy Peaceful Relations Advocacy Center • 1-877-853-2613 Penobscot Nation Advocacy Center • (207) 631-4886  <b>Immigrant &amp; Refugee Sexual Assault &amp; Domestic Violence Help</b> Immigrant Resource Center of Maine • (207) 753-0061	
How can an advocate help me?	
<b>An advocate is a trained person who can:</b> <ul style="list-style-type: none"><li>● Give you information about protection orders and help you understand what happens in court;</li><li>● Help you file court paperwork and find legal help;</li><li>● Go with you to your hearing and give you support and information;</li><li>● Help you with other services like housing, counseling, support groups, and mental health help;</li><li>● Help make sure you are safe; and</li><li>● Provide information on how to file for a protection order if you are under 18.</li></ul>	
Legal Help	
<b>Maine State Bar Association Lawyer Referral Service 1-800-860-1460 <a href="http://www.mainebar.org/page/AttorneyRequest">www.mainebar.org/page/AttorneyRequest</a></b> (\$25 administrative fee to help individuals find a private lawyer; includes a 30-minute consultation.)  <b>Legal Services for the Elderly</b> 1-800-750-5353 <a href="http://www.mainelse.org">www.mainelse.org</a>	

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**MAINE JUDICIAL BRANCH**

Plaintiff(s)

\_\_\_\_\_

\_\_\_\_\_

*"X" the court for filing:*

Superior Court  District Court

Unified Criminal Docket

County: \_\_\_\_\_

Court Location (Town) \_\_\_\_\_

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

V.

Defendant(s)

\_\_\_\_\_

\_\_\_\_\_

**SOCIAL SECURITY NUMBER  
CONFIDENTIAL DISCLOSURE FORM**

My Social Security account number is \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_.

Date (mm/dd/yyyy): \_\_\_\_\_



Plaintiff  Defendant

**Family Matter Cases Only (divorce, separation, parental rights & responsibilities)**

1. If this case is a Family Matter case, the child(ren) involved must also have their Social Security Number disclosed:

Child's Name	Social Security Number

2.  A Protective Custody case is currently pending. The Court/Docket Number:

\_\_\_\_\_

**PLEASE NOTE: This form is confidential and shall not be disclosed unless ordered by the court.**

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MAINE JUDICIAL BRANCH

\_\_\_\_\_ Plaintiff DISTRICT COURT  
 Location (Town): \_\_\_\_\_  
 V. Docket No.: \_\_\_\_\_  
 \_\_\_\_\_ Defendant  
 \_\_\_\_\_ Other Party (if any)

CHILD SUPPORT AFFIDAVIT  
19-A M.R.S. § 2004(1)(A)

Name: \_\_\_\_\_ Date of birth (mm/dd/yyyy) \_\_\_\_\_  
*(Parent filling out this affidavit)*

SS Number Disclosure required on separate form

1. GROSS INCOME FROM WAGES, SALARY, AND/OR SELF-EMPLOYMENT

Current employment information

Employer name: \_\_\_\_\_  Self-employed  
Employer address: \_\_\_\_\_

**Required (if applicable):** I have attached copies of my recent W-2 form and two (2) pay stubs, or tax return or 1099 form if self-employed.

A. How much did you earn **last year**? \$ \_\_\_\_\_  
 B. How much do you **currently earn**?  
 Salary and wages (gross pay) \$ \_\_\_\_\_ every  week  biweekly  month  
 other \_\_\_\_\_

(1B) \$ \_\_\_\_\_  
*Put the amount expected this year*

2. OTHER GROSS INCOME

*Do not include TANF, SSI, general assistance, or food stamps.*

	<i>Expected this year:</i>
Unemployment benefits	\$ _____
Workers' compensation	\$ _____
Social Security	\$ _____
Disability	\$ _____
Pension or annuity	\$ _____
Spousal support (alimony)	\$ _____

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MAINE JUDICIAL BRANCH

Rental or mortgage income \$ \_\_\_\_\_  
 Bonuses \$ \_\_\_\_\_  
 Commissions/tips \$ \_\_\_\_\_  
 Other: \_\_\_\_\_ \$ \_\_\_\_\_

Total: (2) \$ \_\_\_\_\_

3. EMPLOYMENT FRINGE BENEFITS

Total value of employment benefits you expect to receive this year that reduce your living expenses (car, housing, cell phone, meals, etc.)

(3) \$ \_\_\_\_\_

4. TOTAL GROSS INCOME EXPECTED THIS YEAR

(4) \$ \_\_\_\_\_

(Add 1B, 2, and 3)  
Put here and on line 2 of the  
Child Support Worksheet

5. YEARLY SUPPORT YOU PAY FOR OTHER CHILDREN

Child support you pay for children who are not involved in this case.

Name of Child	To whom paid	Amount
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

(5) \$ \_\_\_\_\_

Put total here and on line 4b of  
the Child Support Worksheet

6. HEALTH INSURANCE COST

**Required (if applicable):** I have attached a copy of my health insurance premium sheet.

A. Cost of health insurance for yourself only: \$ \_\_\_\_\_

B. Additional cost you pay for health insurance for the children in this case.

(6B) \$ \_\_\_\_\_

Put this amount on line 9 of  
the Child Support Worksheet

Amount paid:  weekly  biweekly  monthly  other: \_\_\_\_\_

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MAINE JUDICIAL BRANCH

7. CHILD CARE COSTS

►  **Required (if applicable):** I have attached documentation showing the cost of child care.

*Child care costs you pay so you can work or train to work.*

(7) \$ \_\_\_\_\_

*Put this amount on line 10 of the Child Support Worksheet*

Amount paid:  weekly  biweekly  monthly  other: \_\_\_\_\_

8. EXTRAORDINARY MEDICAL EXPENSES

*Amount you actually pay for each child's permanent or recurring illness.*

Name of Child	To whom paid	Amount
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

(8) \$ \_\_\_\_\_

*Put total here and on line 11 of the Child Support Worksheet*

Amount paid:  weekly  biweekly  monthly  other: \_\_\_\_\_

9. OTHER CHILDREN IN YOUR HOME

*Other children living in your home who are not involved in this case and whom you are legally obligated to support.*

Child Name	DOB (mm/dd/yyyy)	Relationship to you
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

10. OTHER INFORMATION (check all that apply)

Other benefits received on behalf of the child and amount (such as adoption subsidies):

\_\_\_\_\_

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MAINE JUDICIAL BRANCH

Other facts you think the court should know that may affect the amount of child support ordered:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

11. ASSETS AND DEBTS

**Current value of your assets:**

Real estate \$ \_\_\_\_\_

Cash/bank accounts \$ \_\_\_\_\_

Retirement plans/IRAs/401(k)s/pensions/annuities \$ \_\_\_\_\_

Other (such as a business interest or life insurance) \$ \_\_\_\_\_

**Current balance of your debts:**

Mortgages \$ \_\_\_\_\_ Loans \$ \_\_\_\_\_

Credit Cards \$ \_\_\_\_\_ Other \$ \_\_\_\_\_

I certify that (1) this affidavit lists all my income, costs, debts, and assets, and (2) if applicable, I have included the required proof of income and costs as one attachment.

I swear under penalty of perjury that the above statements are true and correct. I understand that these statements are made for use as evidence in court and that I am subject to prosecution for perjury punishable by up to 5 years in prison and a fine of up to \$5,000.00 if I give false information to the court.

Date (mm/dd/yyyy): \_\_\_\_\_



\_\_\_\_\_  
Signature of  plaintiff  defendant  other party

\_\_\_\_\_  
Name and Bar No. (if applicable)

STATE OF MAINE

\_\_\_\_\_ COUNTY

Personally appeared the above named, \_\_\_\_\_, and made oath that the foregoing statements are true under penalty of perjury.

Before me,

Date (mm/dd/yyyy): \_\_\_\_\_



\_\_\_\_\_  
 Attorney at Law  Notary Public  Clerk

\_\_\_\_\_  
Name and Bar No. (if applicable)

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MAINE JUDICIAL BRANCH

PROTECTION FROM ABUSE OR PROTECTION FROM HARASSMENT:  
WHAT KIND OF CASE SHOULD I FILE?

Protection from Abuse (PFA)	Protection from Harassment (PFH)
<p>Regardless of your age, you can file a PFA <b>against your family or household member or your current or former dating partner</b> who has abused you. <i>(Please note that if you are a minor child, your parent or other person responsible for you will have to file the PFA on your behalf.)</i></p>	<p>Regardless of age, you can file a PFH <b>against anyone</b> if you have been a victim of that person's:</p> <ul style="list-style-type: none"> <li>• Harassment (which means three or more acts of intimidation, confrontation, actual or threatened physical force by the defendant, made with the intention of causing fear, intimidation, or damage to personal property, and that do in fact cause fear, intimidation, or damage to personal property);</li> <li>• A single act or course of conduct constituting a serious criminal act, such as:               <ul style="list-style-type: none"> <li>○ assault,</li> <li>○ criminal threatening,</li> <li>○ sexual assault,</li> <li>○ terrorizing,</li> <li>○ kidnapping,</li> <li>○ aggravated assault,</li> <li>○ arson,</li> <li>○ violation of privacy, or</li> </ul> </li> <li>• Violation or interference with your constitutional or civil rights.</li> </ul> <p><i>(Please note that if you are a minor child, your parent or other person responsible for you will have to file the PFH on your behalf.)</i></p>
<p>Regardless of your age, you can also file a PFA <u>against anyone</u> who has:</p> <ul style="list-style-type: none"> <li>• stalked you;</li> <li>• sexually assaulted you;</li> <li>• used or threatened to use intimate private images of you or against you;</li> <li>• has forced you or led you into sex trafficking; or</li> <li>• knowingly removed or tampered with a condom, knowingly used a damaged condom, or misrepresented intentions to use a condom during a consensual sexual act.</li> </ul>	
<p>If you are 60 or older, or a dependent or incapacitated adult, you can file a PFA <u>against a family member or unpaid care provider</u> if that person has abused you.</p>	
<p>If you are a minor, your parent or other person responsible for you can get a PFA on your behalf <u>against anyone</u> who has:</p> <ul style="list-style-type: none"> <li>• sexually exploited you;</li> <li>• shared or intends to share sexually explicit images of you (only if you are 16 or under); or</li> <li>• harassed you by telephone or by electronic devices.</li> </ul>	

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## MAINE JUDICIAL BRANCH

### KEY DIFFERENCES: PROTECTION FROM ABUSE v. PROTECTION FROM HARASSMENT

Protection from Abuse (PFA)	Protection from Harassment (PFH)
A temporary protection order may be available without earlier notice to the defendant. If a temporary order is <u>not</u> granted, the plaintiff can decide to withdraw the complaint or go ahead, with a final hearing to be heard within 21 days.	In most cases, the plaintiff must first ask law enforcement to serve a “cease harassment” notice on the person harassing the plaintiff before filing a PFH complaint.
There are no fees to file a PFA complaint or have law enforcement serve the complaint and temporary order (if any) on the defendant.	There may be fees to file a PFH complaint and have law enforcement serve the complaint and temporary order (if any) on the defendant. There are no fees for complaints that are based on allegations of domestic or dating violence, stalking, sexual assault, sex trafficking, or unlawful dissemination of certain private images.
A business cannot file a PFA complaint.	A business can file a PFH complaint.
The court will hold a hearing on a PFA complaint within 21 days after the complaint is filed.	The court will hold hearing on the PFH complaint at the earliest available date, but it might not be held within 21 days.
An initial final PFA order can last up to two years.	An initial final PFH order can last up to one year.
A temporary or final PFA order can prohibit the defendant from having firearms, ammunition, or other dangerous weapons.	The court generally does not prohibit the defendant from having firearms, ammunition, or other dangerous weapons.

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MAINE JUDICIAL BRANCH

RESOURCES

HELP FOR PEOPLE FILING A PROTECTION ORDER	
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SEXUAL ASSAULT/HARASSMENT HELP	DOMESTIC VIOLENCE HELP
<p><b>Sexual Assault &amp; Harassment Statewide 24/7 Hotline</b> 1-800-871-7741 mecasa.org</p>	<p><b>Domestic Violence Statewide 24/7 Hotline</b> 1-866-834-HELP mcedv.org</p>
More Sexual Assault and Domestic Violence Help	
<p><b>Tribal Sexual Assault &amp; Domestic Violence 24/7 Hotline Numbers</b> <i>Wabanaki Women's Coalition</i> Micmac Advocacy Center • (207) 551-3639 Maliseet Advocacy Center • (207) 532-6401 Indian Township Passamaquoddy Advocacy Center • (207) 214-1917 Passamaquoddy Peaceful Relations Advocacy Center • 1-877-853-2613 Penobscot Nation Advocacy Center • (207) 631-4886</p>	
How can an advocate help me?	
<p><b>An advocate is a trained person who can help a victim of violence, abuse, or harassment to:</b></p> <ul style="list-style-type: none"><li>• Give you information about protection orders and help you understand what happens in court;</li><li>• Help you file court paperwork and find legal help;</li><li>• Go with you to your hearing and give you support and information;</li><li>• Help you with other services like housing, counseling, support groups, and mental health help;</li><li>• Help make sure you are safe; and</li><li>• Provide information on how to file for a protection order if you are under 18.</li></ul>	
LEGAL HELP	
<p><b>Maine State Bar Association Lawyer Referral Service</b> 1-800-860-1460 or <a href="http://www.mainebar.org/page/AttorneyRequest">www.mainebar.org/page/AttorneyRequest</a> (30-minute consultation with a lawyer for \$25 administrative fee)</p>	<p><b>Legal Services for the Elderly</b> 1-800-750-5353 or <a href="http://www.mainelse.org">www.mainelse.org</a></p>

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