

## MAINE JUDICIAL BRANCH

### PARENTAL RIGHTS AND RESPONSIBILITIES CASE: What to do with these Court Forms

#### Here are a few tips for filling out the forms:

- Always use full legal names, not nicknames.
- Type or print neatly.
  - Fillable versions of the forms are available on our website at: [http://courts.maine.gov/fees\\_forms/forms](http://courts.maine.gov/fees_forms/forms).
- You will file each form with the Court. Before you do that, make copies of your completed forms—one for yourself and one copy for each of the other parties. You will need to find a place to make copies (like a library). The court clerk cannot make copies for you.

#### **STEP ONE: Fill out the Forms**

##### **Family Matter Summary Sheet (FM-002)**

This form is required for the clerk to start an action. In order to fill out this form you need to enter contact information for yourself and for the defendant.

##### **Complaint for Determination of Parentage, Parental Rights & Responsibilities, Child Support (FM-006)**

The section at the top of the form is called the "caption." Fill in the location of the District Court (for example: "Bangor"). The clerk will fill in the Docket Number later. You are the plaintiff and the other party is the defendant. If there are other parties involved, they will be listed as "Other Party." Write your full legal name in the blank before "Plaintiff." Write the other party's full name in the blank before "Defendant." Fill in the other blanks on the form. Near the end, where it says, "Plaintiff requests," check all the boxes that apply. (If you are not sure, check the box; you can drop that request later.) You must sign this form in front of a notary public. You can find a notary at a bank, a legal services office, through your town office, or at the court clerk's office.

##### **Child Support Affidavit (FM-050)**

Fill out the "caption" the same way that you did on the complaint form. Fill out the rest of the form to the best of your knowledge. Note that you list last year's earned income and this year's expected earned income separately under #1. Also note that you list other income under #2 and in-kind income under #3. You may have to look at your records to get financial information. After the defendant gets your complaint, the Court will ask the defendant to fill out the same financial form and send you a copy.

##### **Family Matter Summons and Preliminary Injunction (FM-038)**

You must use the original form you got from the clerk. It has the clerk's original signature and seal. You cannot use a photocopy or on-line version of this form.

Fill out the "caption" as you did on the complaint. Fill in the name and address of the Court. Date and sign the form. Leave the spaces on the third page empty.

##### **Social Security Number Disclosure Form (CV-CR-FM-PC-200)**

You are required by both State and Federal law to provide your social security number along with your children's social security numbers. This information is collected on the Social Security Number Disclosure form, which will be confidential in the court file. This form is included in your packet.

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### Notice Regarding Electronic Service (CR-CV-FM-255)

This packet contains **two** copies of this form. **You have the choice** to allow the opposing party to serve documents on you by email. To do this, you must complete one of the copies of the Notice Regarding Electronic Service (CR-CV-FM-255) and include that in the packet of forms that you serve on the opposing party. Make sure to also include the second blank copy of this form in the packet of forms that you serve on the opposing party. If the opposing party wants to allow you to serve documents by email, the opposing party must complete the form and send it back to you. Do **not** file this form with the court.

**PLEASE NOTE:** Receiving filings by email in your case is **completely optional**. If you wish to receive paper filings in your case, you do **not** have to complete this form. However, if you do complete the form, you do **not** need to file it with the court.

### **STEP TWO: Serve the Forms**

Now you must give copies to the other party or parties. This is called "serving" the court papers. Court rules say you can do this in one of three ways: (1) You can mail the papers, asking the other party to agree to "service;" (2) you can send the papers by certified mail, restricted delivery; or (3) you can pay a sheriff to give the copies to the other party. You must file proof of service with the court.

If the child for whom you are seeking to determine parentage has or may have parents or guardians other than the party to the proceeding you must also serve the other possible parents or guardians with all of your pleadings. For example, if you are bringing a parentage case for a child and a court has already determined that another person is the child's parent, you must serve your action on that adjudicated parent. You must also serve your pleadings on any intended or presumed parents.

#### **Service by Mail**

Mail or hand-deliver these papers to the other party or parties:

- Copy of Complaint
- Copy of Summons and Preliminary Injunction
- Copy of Child Support Affidavit
- Two copies of Acknowledgment of Receipt of Summons and Complaint (after you have filled in the "caption" on both copies)
- Blank copy of the Notice Regarding Electronic Service (CR-CV-FM-255)
- Completed copy of the Notice Regarding Electronic Service (CR-CV-FM-255) (only if you want to agree to email receipt of documents filed by the opposing party in your case)
- Stamped, self-addressed envelope

The Acknowledgment of Receipt form asks the other party to sign it, showing he/she got the papers, and to return the form to you within 20 days. If you get the signed Acknowledgment back within 20 days, go on to Step 3. If not, then you will need to serve the papers another way.

#### **Service by Certified Mail, Restricted Delivery**

Take these papers to the post office along with an envelope:

- Copy of Complaint
- Copy of Summons and Preliminary Injunction

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- Copy of Child Support Affidavit
- Blank copy of the Notice Regarding Electronic Service (CR-CV-FM-255)
- Completed copy of the Notice Regarding Electronic Service (CR-CV-FM-255) (only if you want to agree to email receipt of documents filed by the opposing party in your case)

Tell the postal clerk that you want to send the papers by certified mail. Make sure you ask for a "Return Receipt" and "Restricted Delivery." This costs more and involves a few extra steps. The certified restricted mail forms are available at your post office. File with the court clerk the green card you get back from the post office, to prove that the other party got the papers.

### Service by Sheriff

Mail or take to your county sheriff's office:

- Copy of Complaint
- The original Summons and Preliminary Injunction, plus one copy
- Copy of Child Support Affidavit
- Blank copy of the Notice Regarding Electronic Service (CR-CV-FM-255)
- Completed copy of the Notice Regarding Electronic Service (CR-CV-FM-255) (only if you want to agree to email receipt of documents filed by the opposing party in your case)

In a letter, or in person, ask the sheriff's office to serve the papers on the other party (the defendant). Give the defendant's home address. If you think the defendant will be hard to find at home, give the defendant's work address. The deputy who "serves" the papers will complete page two of the Summons and return the original to you. There is a charge for this service - please contact the sheriff's office for the county where the defendant lives to get information on costs of service.

### STEP THREE: File the Forms

Within 20 days after serving the other party or parties, file these forms with the court:

- Summary Sheet**
- Complaint**
- SSN Disclosure Form**
- Child Support Affidavit**
- Summons** (REQUIRED regardless of how service was completed, and should be filed with deputy's signature if you used sheriff's service)
- Acknowledgment of Receipt** (if you used service by mail)
- Green card you got back from the post office** (if you used certified mail for service)

***Please note: you must file at least one type of proof of service for each other party to the case.***

The Court charges a fee to file your papers. Later you may be charged a mediation fee (shared by the parties). You should contact the court clerk for exact fee amounts. If you cannot afford the court fees, you can ask the clerk for an Application to Proceed Without Payment of Fees and an Affidavit. Then file the forms with the clerk along with your other papers. A judge will review your financial information and decide whether you qualify for a fee waiver. If the waiver is denied, you must pay the filing fee within 7 days. If the waiver is granted, you won't have to pay some or all of the court fees.

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### WHAT IS NEXT?

Once the court receives a complete filing, the clerk will schedule the first court event with a family law magistrate called a case management conference. **For more information on this and the rest of the court process, please visit the Family and Children page at the Maine Judicial Branch website listed below or read “A Guide to Family Separation in Maine” that is provided to every party at the start of a case.**

### Forms Required After Initial Filing

**Whenever you file with the court any of these forms, or any other document, you must send a copy to the opposing party.**

#### **Child Support Worksheet (FM-040) and, if applicable, Supplemental Worksheet (FM-040-A)**

Parties must complete a Child Support Worksheet (FM-040) and file it with the Court no later than 3 days before a court hearing, whether contested or uncontested. It is recommended that a party file a Child Support Worksheet with the Child Support Affidavit at the time of filing. There are instructions on the worksheet for how to complete it. Parties who share substantially equal care of the minor child(ren) as defined in 19-A M.R.S. § 2006(5)(D-1) must also complete and file a Supplemental Worksheet (FM-040-A) at the same time they file a Child Support Worksheet.

#### **Federal Affidavit (FM-052)**

If the defendant has not entered an appearance or appeared in court for the parental rights and responsibilities proceedings by the time of the final hearing, the plaintiff must file a Federal Affidavit (FM-052) stating under oath that the defendant is not serving in the military or an affidavit signed by defendant waiving rights conferred by the Service Members Civil Relief Act.

### HELPFUL RESOURCES

**A Guide to Family Separation in Maine:** This guide will help you better understand the court process in family law cases such as divorce and parental rights and responsibilities (PR&R) cases. PR&R cases involve parties who have a child, but are not married. You can get a copy of this guide at the court or access it online [www.courts.maine.gov](http://www.courts.maine.gov).

**Maine Judicial Branch website:** The Families and Children page of the website includes information on many different types of family cases. Please visit that page for information on what to expect from the court process and issues that may come up in your case.

**Mediation:** A mediator may be able to help you and the other party or parties reach an agreement on issues relating to your case. Mediation can be arranged through the court or a private mediator.

**Parent education:** A parent education program specifically designed for divorcing or separating parents may help you focus on the needs of your children. The court may order you to attend one of these programs.

**Child Support Table:** These guidelines, by law, are issued by DHHS and are used to help determine child support obligations according to income. This table is available online at: [http://courts.maine.gov/fees\\_forms/forms/index.shtml](http://courts.maine.gov/fees_forms/forms/index.shtml) or from any District Court clerk's office.

For more information about these resources, speak with the court clerk or visit the Maine Judicial Branch website at: [www.courts.maine.gov](http://www.courts.maine.gov).

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## FAMILY AND PROBATE MATTER SUMMARY SHEET

This form is used for entering basic information about the case and the parties into court records. You must complete and file this form with the Clerk when you file your Complaint or Motion.

**PLEASE NOTE: You are not required to give a copy of this form to the other party.**

**COURT LOCATION** (where you are filing this action):

**TYPE OF ACTION** (*select one*):

- |   |   |
|---|---|
| <input type="checkbox"/> Divorce – real estate involved                         | <input type="checkbox"/> Divorce – no real estate                   |
| <input type="checkbox"/> Parental Rights & Responsibilities (unmarried parents) | <input type="checkbox"/> Parentage (determining parents of a child) |
| <input type="checkbox"/> Judicial Separation                                    | <input type="checkbox"/> Annulment                                  |
| <input type="checkbox"/> Adoption of a minor                                    | <input type="checkbox"/> Guardianship of a minor                    |
| <input type="checkbox"/> Name change of a minor                                 | <input type="checkbox"/> Registration of foreign judgment or order  |
| <input type="checkbox"/> Other family matter                                    |   |

**TYPE OF FILING** (*select one*):

- Original proceeding       Case transferred from probate court. Original docket number:

- Post-Judgment Motion:      Original docket number: \_\_\_\_\_
- to Modify     to Enforce     for Contempt     to Terminate Parental Rights
- Other:

**Plaintiff/Petitioner Information:** (Person starting the action or if post-judgment, name of person who was the plaintiff or petitioner in the original case.)

Name: First	Middle	Last	Maiden
Mailing Address:		City	State    Zip
Physical Address:		City	State    Zip
Gender:	Date of Birth ( <i>mm/dd/yyyy</i> ):	SS Number Disclosure Required on separate form	
Home Telephone:		Work Telephone:	
Email:			
Attorney's Name:		Bar ID#:	

**Plaintiff/Petitioner Information:** (A second plaintiff or petitioner, or person starting the case, if applicable.)

Name: First	Middle	Last	Maiden
Mailing Address:		City	State    Zip
Physical Address:		City	State    Zip
Gender:	Date of Birth ( <i>mm/dd/yyyy</i> ):	SS Number Disclosure Required on separate form	

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Home Telephone:	Work Telephone:
Email:	
Attorney's Name:	Bar ID#:

**Defendant/Respondent Information:** (Person being served or if post-judgment, name of person who was the defendant or respondent in the original case.)

Name: First	Middle	Last	Maiden	
Mailing Address:		City	State	Zip
Physical Address:		City	State	Zip
Gender:	Date of Birth (mm/dd/yyyy):	SS Number Disclosure Required on separate form		
Home Telephone:		Work Telephone:		
Email:				
Attorney's Name:		Bar ID#:		

**Defendant/Respondent Information:** (A second defendant or respondent, or person being served, if applicable.)

Name: First	Middle	Last	Maiden	
Mailing Address:		City	State	Zip
Physical Address:		City	State	Zip
Gender:	Date of Birth (mm/dd/yyyy):	SS Number Disclosure Required on separate form		
Home Telephone:		Work Telephone:		
Email:				
Attorney's Name:		Bar ID#:		

**Other Party Information:** (if applicable):

Name: First	Middle	Last	Maiden	
Mailing Address:		City	State	Zip
Physical Address:		City	State	Zip
Gender:	Date of Birth (mm/dd/yyyy):	SS Number Disclosure Required on separate form		
Home Telephone:		Work Telephone:		
Email:				
Attorney's Name:		Bar ID#:		

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**Minor Children** (of above parties):

Full name

Date of Birth  
(mm/dd/yyyy)

Gender

			SS Number Disclosure Required
			SS Number Disclosure Required
			SS Number Disclosure Required
			SS Number Disclosure Required
			SS Number Disclosure Required
			SS Number Disclosure Required

**Parentage Issues** (if any):

<input type="checkbox"/> The child(ren) do not have any other acknowledged, adjudicated, intended, de facto, or presumed parents. <b>OR</b> <input type="checkbox"/> The child(ren) have an acknowledged, adjudicated, intended, de facto, or presumed parent. (You must complete a separate summary sheet for every additional parent that your child has, and all parents must be served with a copy of the Complaint and made a party to your action.)
---

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

▶ \_\_\_\_\_  
Signature of  party  party's attorney

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\_\_\_\_\_  
Plaintiff  
V.  
\_\_\_\_\_

DISTRICT COURT  
Location (Town): \_\_\_\_\_  
Docket No.: \_\_\_\_\_

\_\_\_\_\_ Defendant  
\_\_\_\_\_ Other party (if any)

COMPLAINT FOR DETERMINATION OF PARENTAGE,  
PARENTAL RIGHTS & RESPONSIBILITIES, & CHILD SUPPORT  
19-A M.R.S. §§ 1831-1938, 1653, 2001-2012

**PLEASE NOTE: If either party wishes to keep an address confidential, that party may complete an Affidavit for Confidential Address (FM-057).** This form is available at the Clerk's Office or at [www.courts.maine.gov](http://www.courts.maine.gov).

1. Plaintiff now resides in (town) \_\_\_\_\_, (county) \_\_\_\_\_, (state) \_\_\_\_\_.

**Please write "confidential" in the space above if you are filing an Affidavit for Confidential Address.**

2.  Defendant now resides in (town) \_\_\_\_\_, (county) \_\_\_\_\_, (state) \_\_\_\_\_.

**OR**

Residence of the defendant is unknown and the plaintiff has used reasonable efforts and cannot locate the defendant.

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

Full name	Date of Birth (mm/dd/yyyy)	Present address(es) (do not list if confidential to other party)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

4. List below where and with whom the child(ren) have lived within the **past 5 years**, in order from the most recent, 19-A M.R.S. § 1753 (attach an additional page if more space is needed):

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

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5. The court has jurisdiction because (check all of the statements that apply):

- Defendant resided with the child(ren) in Maine.
Defendant resided in Maine and provided prenatal expenses and support for the child(ren).
Defendant engaged in intercourse in Maine and the child(ren) may have been conceived by that act of intercourse.
The child(ren) reside in Maine as a result of the acts or directives of defendant.
Defendant consents to jurisdiction.
Any other basis for personal jurisdiction in Maine:

6. Plaintiff is the child(ren)'s (check one):

- Biological mother
Biological father
Presumed parent
Acknowledged parent
Adjudicated parent
De facto parent\*
Intended parent
Other (state the nature of the parental relationship to the child(ren):

\*A party filing as a de facto parent must file FM-232 with an affidavit instead of this complaint. Please see instructions.

7. Defendant is the child(ren)'s (check one):

- Biological mother
Biological father
Presumed parent
Acknowledged parent
Adjudicated parent
De facto parent\*
Intended parent
Other (state the nature of the parental relationship to the child(ren):

Quick Reference Guide:

An acknowledged parent is a person who signed a valid acknowledgment of parentage with the intent to establish parentage. 19-A M.R.S. § 1861.
An adjudicated parent is a person determined to be a parent of the child by a court order. 19-A M.R.S. § 1832(2). A presumed parent is a person who was married to the other parent when the child was conceived or born; or a person that resided in the same household with the child and openly held out the child as that person's own from the time the child was born or adopted and for a period of at least 2 years thereafter and assumed personal, financial, or custodial responsibilities for the child. 19-A M.R.S. § 1881.
A biological parent is a person who is the genetic parent of the child.
A de facto parent is a person who is recognized as a parent of the child. A person seeking to be adjudicated a de facto parent of a child must complete and file FM-232 (instead of this complaint) with an affidavit alleging under oath specific facts to support the existence of a de facto parent relationship with the child. 19-A M.R.S. § 1891.
An intended parent is a person married or unmarried, who manifests the intent to be legally bound as the parent of a child resulting from assisted reproduction or a gestational carrier agreement. In the case of a married couple, any reference to an intended parent includes both spouses. 19-A M.R.S. §§ 1921-1939.

8. Other possible parents (check one):

- The child(ren) do not have any other acknowledged, adjudicated, intended, de facto, or presumed parents.
OR
The child(ren) have another acknowledged, adjudicated, indented, de facto, or presumed parent.

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

\_\_\_\_\_

\_\_\_\_\_

10. Plaintiff has not been involved in any way in, and has no information about, another court case in Maine or in any other state concerning custody of the minor child(ren) except as follows:

- Protection from Abuse (provide docket number): \_\_\_\_\_
- Probate matter (provide docket number): \_\_\_\_\_
- Other (describe what kind of case and provide docket number): \_\_\_\_\_

\_\_\_\_\_

11. If you are asking that the court change the child(ren)'s names, please explain why there is good cause to do so (19-A M.R.S. § 1843(3)). If this does not apply, please leave blank:

\_\_\_\_\_

\_\_\_\_\_

12.  No public assistance benefits (MaineCare or TANF) have ever been received for the child(ren).

**OR**

Public assistance benefits (MaineCare or TANF) have been, are now, or will be received for the child(ren).

**AND**

The Department of Health and Human Services **has** issued a child support order regarding the child(ren). *(If such an order has been issued, a copy of the order must be attached to this complaint.)*

13. **PLAINTIFF REQUESTS** that the Court *(check all that apply)*:

- Order genetic testing pursuant to 19-A M.R.S. § 1911;
- Establish that the parties are the parents of the child(ren) listed in this complaint;
- Determine parental rights and responsibilities for the minor child(ren) pursuant to 19-A M.R.S. § 1653, including child support (file and exchange FM-050);
- Determine the amount of any past child support and order payment of the past support;
- Allocate reimbursement of birth expenses and medical expenses for the child(ren);
- Award reasonable attorney fees; and/or
- Change the child(ren)'s names as follows:

A. The child's name is \_\_\_\_\_. I ask that the child's name be changed to \_\_\_\_\_.

B. The child's name is \_\_\_\_\_. I ask that the child's name be changed to \_\_\_\_\_.

C. The child's name is \_\_\_\_\_. I ask that the child's name be changed to \_\_\_\_\_.

D. The child's name is \_\_\_\_\_. I ask that the child's name be changed to \_\_\_\_\_.

E. The child's name is \_\_\_\_\_. I ask that the child's name be changed to \_\_\_\_\_.

F. The child's name is \_\_\_\_\_. I ask that the child's name be changed to \_\_\_\_\_.

\_\_\_\_\_

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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): \_\_\_\_\_



\_\_\_\_\_  
Plaintiff's Signature

Plaintiff's Attorney: \_\_\_\_\_

Plaintiff: \_\_\_\_\_

Maine Bar No.: \_\_\_\_\_

Address is confidential (if so, leave blank below)

Mailing Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

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

Home phone: \_\_\_\_\_

Phone: \_\_\_\_\_

Cell phone: \_\_\_\_\_

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

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

STATE OF MAINE

\_\_\_\_\_ County

Personally appeared the above named plaintiff, \_\_\_\_\_, 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

**PLEASE NOTE: Defendant has 21 days after being served with this complaint to file an answer with the court. In addition, the defendant must provide copies of all filings to every other party.**

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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:

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Complete the caption that applies to your case:

 \_\_\_\_\_ Plaintiff/Petitioner

V.

\_\_\_\_\_ Defendant/Respondent

\_\_\_\_\_ Other Party

"X" the court for filing:

 Superior Court  District Court Unified Criminal Docket Supreme Judicial Court

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

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

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

OR

 IN RE: \_\_\_\_\_**NOTICE REGARDING ELECTRONIC SERVICE****NOTICE TO PARTIES:** All parties who are represented by an attorney are subject to the requirements of Electronic Service under Rule 5 of the Maine Rules of Civil Procedure, and Rule 49(d) of the Maine Rules of Unified Criminal Procedure.**OPT IN:** *If you do not have an attorney*, papers that must be served on you by other parties in this case will be sent to you through the regular mail to your address of record. But **you have a choice** to allow other parties to serve you by sending documents electronically to your designated email address.**PLEASE NOTE:** Any electronic service that you opt into applies only to papers served on you by other parties. It does not apply to documents that are sent to you by the court or documents that you file with the court.**Even if you opt in to allow service by email, you can only send documents to the other parties by email if (1) they also opt in by completing this form, and (2) you can scan and create .pdf files of documents.****If you choose not to opt in, you do not need to do anything.** If you would like to receive papers electronically, you must meet the requirements set forth below. Check the appropriate box(es), sign, and mail or email the form to all other parties in the case. Do not file this form with the Court. **Electronic Receipt:** I choose to OPT IN to allow other parties to email me documents in this case. I have reviewed and meet all of the following electronic receipt requirements:

- I have a trusted email account and I have daily access to this account;
- I understand that **I will receive time-sensitive documents** through this email address including documents that may require me to take action in this case;
- This email account has available electronic storage of at least 1 gigabyte;
- This email account accepts emails with attachments of up to 10 megabytes; and
- I will be able to maintain this email account throughout this case.

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



\_\_\_\_\_  
 Signature of Self-Represented Party  
*(You do not have to print and sign this form. Typing your name above after /s/ will be accepted as an electronic signature.)*

Print name: \_\_\_\_\_

Print email address: \_\_\_\_\_

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Complete the caption that applies to your case:

 \_\_\_\_\_ Plaintiff/Petitioner

V.

\_\_\_\_\_ Defendant/Respondent

\_\_\_\_\_ Other Party

"X" the court for filing:

 Superior Court  District Court Unified Criminal Docket Supreme Judicial Court

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**Even if you opt in to allow service by email, you can only send documents to the other parties by email if (1) they also opt in by completing this form, and (2) you can scan and create .pdf files of documents.**

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



\_\_\_\_\_  
Signature of Self-Represented Party  
(You do not have to print and sign this form. Typing your name above after /s/ will be accepted as an electronic signature.)

Print name: \_\_\_\_\_

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MAINE JUDICIAL BRANCH

Plaintiff

"X" the court for filing:

Superior Court  District Court

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

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

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

V.

Defendant

**ACKNOWLEDGMENT OF RECEIPT OF SUMMONS AND COMPLAINT, POST-JUDGMENT MOTION,  
OR NOTICE OF REGISTRATION OF FOREIGN JUDGMENT**

M.R. Civ. P. 4(c)(1)

Please sign the acknowledgment below and return this form to the sender in the enclosed self-addressed stamped envelope so the sender will get it within 20 days from the day it was mailed to you. If you do not do this, you may be required by the Court to pay for the cost of having the sheriff serve the Summons and Complaint, or Post-Judgment Motion, or Notice of Registration of Foreign Judgment on you.

(If you are the party sending this document to serve the opposing party, keep a copy of this form and a copy of the documents you are serving for your records.)

**STATEMENT**

By signing, dating and returning this form, I state that I received a copy of the Summons and Complaint, the Post-Judgment Motion, or Notice of Registration of Foreign Judgment with accompanying documents and that I understand the applicable statements below.

**AS TO CIVIL CASES,** I understand that if I do not file an answer to the Complaint or an objection to the Motion within the time limits established by statute or court rule and appear at all court conferences and hearings, then a judgment may be entered against me in my absence, and Plaintiff or the moving party may request that other orders be entered against me.

**AS TO INTITIAL FAMILY MATTERS (DIVORCE, PARENTAL RIGHTS AND RESPONSIBILITIES, PARENTAGE, GRANDPARENTS' VISITATION RIGHTS, JUDICIAL SEPARATION, ANNULMENT, AND TERMINATION OF PARENTAL RIGHTS UNDER 19-A M.R.S. § 1658) AND POST-JUDGMENT MOTIONS ARISING FROM THOSE ACTIONS,** I understand that:

- If I was served with a complaint or petition, I may file an answer, counterclaim, or response (forms FM-186, FM-187, FM-229, or FM-225 are available for this at the clerk's office or at [www.courts.maine.gov](http://www.courts.maine.gov)) within 21 days of being served. If I am filing response to a petition for grandparent visitation rights or a complaint for de facto parentage, I must file an affidavit with my response;

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MAINE JUDICIAL BRANCH

- If I was served with a post-judgment motion, I understand that I may file a cross-motion or objection within 21 days of being served, except that I may file a response to a motion to modify only child support within 30 days after being served;
- If I do not want to file an answer, counterclaim, response, cross-motion, or objection, but I do want to be heard on issues applicable to my case including parental rights and responsibilities, child support, spousal support, attorney fees, and the division of marital and non-marital property, I must (1) appear at all court conferences and hearings, and (2) file an Entry of Appearance (form FM-020) if I am not represented by an attorney; and
- If I do not enter an appearance or appear at court, judgment may be entered against me in my absence, and the plaintiff or petitioner may request that other orders be entered against me.

**AS TO NOTICES OF REGISTRATION OF FOREIGN JUDGMENT**, I have read the Notice of Registration (form CV-FM-110) and understand that if I want to contest the validity of the registered foreign judgment, I must request a hearing within the time specified on the Notice of Registration using the Request for Hearing Form (form CV-FM-203). I understand that if I do not contest the validity or enforcement of the registered foreign judgment, the court will confirm and enforce the judgment, including any alleged arrearages, and I will not be able to contest the judgment later.

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



\_\_\_\_\_

Signature

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

Attorney for: \_\_\_\_\_

Bar No. (if applicable): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone: (        ) \_\_\_\_\_

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

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MAINE JUDICIAL BRANCH

Plaintiff

"X" the court for filing:

Superior Court  District Court

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

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

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

V.

Defendant

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MAINE JUDICIAL BRANCH

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

▶ \_\_\_\_\_  
Signature

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

Attorney for: \_\_\_\_\_

Bar No. (if applicable): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone: (        ) \_\_\_\_\_

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

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MAINE JUDICIAL BRANCH

\_\_\_\_\_  
Plaintiff  
V.  
\_\_\_\_\_  
Defendant  
\_\_\_\_\_  
Other Party (if any)

DISTRICT COURT  
Location (Town): \_\_\_\_\_  
Docket No.: \_\_\_\_\_

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.

*Expected this year*  
Unemployment benefits \$ \_\_\_\_\_  
Workers' compensation \$ \_\_\_\_\_  
Social Security \$ \_\_\_\_\_  
Disability \$ \_\_\_\_\_  
Pension or annuity \$ \_\_\_\_\_

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MAINE JUDICIAL BRANCH

Spousal support (alimony)	\$ _____
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
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

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
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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MAINE JUDICIAL BRANCH

10. OTHER INFORMATION (check all that apply)

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

\_\_\_\_\_

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 business interest or life insurance) \$ \_\_\_\_\_

Current balance of your debts:

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

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

I certify that (1) this affidavit lists all of 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

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**MAINE JUDICIAL BRANCH**

\_\_\_\_\_ Plaintiff

DISTRICT COURT

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

V.

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

\_\_\_\_\_ Defendant

**CHILD SUPPORT WORKSHEET**

Supplemental worksheet attached  
19-A M.R.S. §§ 2001-2012

- 1. a. Primary care provider (parent children live with most of the time):  Plaintiff  Defendant  Both  
If parents provide substantially equal care, higher income parent should be shown as the non-primary care provider.
- b. Parent providing health insurance for the children:  Plaintiff  Defendant  Neither
- c. Parent providing weekly child care expenses for the children:  Plaintiff  Defendant  Neither
- d. Parent providing extraordinary medical expenses for the children:  Plaintiff  Defendant  Neither

2.

Child's Name:	Date of Birth (mm/dd/yyyy):

Yearly Amounts	Primary Care Provider	Non-Primary Care Provider <input type="checkbox"/> Self-support reserve <input type="checkbox"/> Below poverty level	Combined Income
3. Gross income	\$	\$	
4. Minus other obligations, 19-A M.R.S. § 2001(5)(E):			
a. Support paid to former spouse under a pre-existing court order	a.	a.	
b. Support paid for other children under a pre-existing obligation	b.	b.	
5. Obligor Gross Income		(Subtract lines 4a and 4b from line 3.)	
6. Other children living with non-primary care provider (See instructions on page 3.)			
7. Adjusted Gross Income	a. (Subtract lines 4a and 4b from line 3.)	b. (Subtract line 6 from line 5.)	c. (Add lines 7a and 7b.)
8. Share of Adjusted Income (Divide each parent's income by combined income)	a. %	b. %	

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**MAINE JUDICIAL BRANCH**

9. Basic weekly support for all children up to 18 years (or up to 19 years if still in high school) **(See instructions on page 3.)**  
 Total number of children (a) \_\_\_\_\_ multiplied by amount from table (b) \_\_\_\_\_ = 9c. \_\_\_\_\_

10. Weekly health insurance cost for children  
 Name & amount per child per week

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

Total: 10. \_\_\_\_\_

11. Weekly child care expenses  
 Name & amount per child per week

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

Total: 11. \_\_\_\_\_

12. Extraordinary medical expenses  
 Name & amount per child per week

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

Total: 12. \_\_\_\_\_

**\*If parents provide substantially equal care, continue calculations on supplemental worksheet.**

13. TOTAL  WEEKLY  BIWEEKLY OBLIGATION (Add lines 9c, 10, 11 and 12; if biweekly, multiply x 2) 13. \_\_\_\_\_

14.  WEEKLY  BIWEEKLY PARENTAL SUPPORT OBLIGATION:

a. Primary Care Provider Spends directly \$ _____ (Multiply line 8a by line 13)	b. Non-Primary Care Provider's support obligation \$ _____ (Multiply line 8b by line 13)  Non-Primary Care Provider Adjustments <b>(Amounts paid directly by Non-Primary Care Provider)</b> Weekly health insurance (line 10) - \$ _____ Weekly child care (line 11) - \$ _____ Extraordinary Medical Expenses (line 12) - \$ _____  Non-Primary Care Provider pays as support = \$ _____
---	--

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

Prepared by: \_\_\_\_\_  
 Attorney for  Plaintiff  Defendant  Magistrate  Judge  Mediator

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## MAINE JUDICIAL BRANCH

## CALCULATING "AMOUNT FROM TABLE" FOR LINE 9 OF THE WORKSHEET

1. Look at the Child Support Table.
2. Circle the amount in the Table under "Parents' Combined Annual Income" that is closest to the "Combined Adjusted Gross Income" on **Line 7c** of the Worksheet.
3. In the "Number of Children" column, circle the TOTAL number of children in this case.  
Draw a line from the circled number of children down the column until it meets the circle you drew for parents' yearly combined income. Circle the number and write the number you circled in the space after "amount from table" on **Line 9b** of the Worksheet.
4. For example, if you have **two** children and a combined adjusted gross income of \$18,000, use the column for 2 children. The "Parents' Combined Annual Income" and the "Number of Children" lines should meet at **\$54**.  
Using this example, you would write the following on the Worksheet:  
9. Total number of children   2   multiplied by amount from table \$   54   = \$   108  .

## NON-PRIMARY CARE PROVIDERS WITH VERY LOW INCOMES

When the non-primary care provider's income is very low, different rules for calculating child support apply. If the annual gross income of the non-primary care provider is less than the federal poverty guidelines, the non-primary care provider's weekly parental support obligation may not exceed 10% of the non-primary care provider's weekly gross income, regardless of the amount of the parties' combined annual gross income. No additional amounts such as health insurance, child care, or extraordinary medical expenses should be added to this total. Please note this amount is calculated assuming a household of one person.

If the non-primary care provider's annual gross income, without adjustments, is in the self-support reserve for the total number of children for whom support is being determined, the amount listed in the self-support reserve multiplied by the number of children is the non-primary care provider's basic support obligation for the children, regardless of the parties' combined annual gross income. The non-primary care provider's proportional share of childcare, health insurance premiums, and extraordinary medical expenses is added to this basic support obligation. This paragraph does not apply if its application would result in a greater support obligation than a support obligation determined without application of this paragraph.

If the non-primary care provider's income falls in the self-support reserve (the shaded area of the Child Support Table), check the box in the non-primary care provider column next to "self-support reserve" on the child support worksheet. If the non-primary care provider's income is lower than all income amounts listed in the Child Support Table, check the box next to "below poverty level" on the child support worksheet.

**CALCULATING AMOUNT FOR LINE 6 OF THE WORKSHEET  
(OTHER CHILDREN LIVING WITH NON-PRIMARY CARE PROVIDER)**

If the non-primary care provider has a legal obligation to support other children living in his/her home, the non-primary care provider is entitled to an adjustment. The amount of the adjustment is written on line 6. To determine the adjustment to be entered on Line 6, follow the steps in paragraphs 1, 2, 3, and 4, with some changes. In step 2, circle the amount in the Table under "Parents' Combined Adjusted Gross Income" that is closest to the non-primary care provider's gross income at Line 5. Do not circle the combined adjusted gross income of both parties in this case. In step 3, in the "Number of Children" column, circle the total number of other children living with the non-primary care provider that the non-primary care provider has a legal obligation to support. Do not circle the total number of children in this case.

**Warning:** If there is an existing child support order for the children in this case, the adjustment may not apply.

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MAINE JUDICIAL BRANCH

**CALCULATING THE NON-PRIMARY CARE PROVIDER ADJUSTMENT FOR SECTION 14b OF THE WORKSHEET**

If the non-primary care provider pays directly out of pocket the cost of the child(ren)'s health insurance, child care for children under the age of 12 (or otherwise eligible), and/or extraordinary medical expenses, that parent's weekly support obligation must be adjusted. The amount of the adjustment is the cost of the health insurance for the children (line 10), the cost of child care for the child(ren) under the age of 12 (or otherwise eligible) (line 11), and the cost of extraordinary medical expenses for the child(ren) (line 12). Subtract lines 10, 11, and 12 from the Non-Primary Care Provider's support obligation to determine the amount that must be paid as support.

If the primary care provider pays the cost of the children's health insurance, child care for children under the age of 12 (or otherwise eligible), or extraordinary medical expenses, or if neither parent pays for health insurance, child care for children under the age of 12 (or otherwise eligible), or extraordinary medical expenses, enter 0 on the line next to "Non-Primary Care Provider Adjustment."

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**MAINE JUDICIAL BRANCH**

\_\_\_\_\_ Plaintiff  
 V. \_\_\_\_\_ Defendant

DISTRICT COURT  
 Location (Town): \_\_\_\_\_  
 Docket No.: \_\_\_\_\_

**SUPPLEMENTAL CHILD SUPPORT WORKSHEET**

**PLEASE NOTE:** This form must be used when parents provide substantially equal care. A Child Support Worksheet (FM-040) must be prepared first.

Higher income parent is the  Plaintiff  Defendant (higher of line 7a and 7b).

15. Higher income parent's share of basic weekly support  
 \_\_\_\_\_ (higher of line 8a and 8b) x \_\_\_\_\_ (line 9c) = 15. \_\_\_\_\_

16. Enhanced weekly support entitlement  
 \_\_\_\_\_ (line 9c) x 1.5 = 16. \_\_\_\_\_

17. Lower income parent's share of enhanced weekly support entitlement  
 \_\_\_\_\_ (lower of line 8a and 8b) x \_\_\_\_\_ (line 16) = 17. \_\_\_\_\_

18. Higher income parent's share of enhanced weekly support entitlement  
 \_\_\_\_\_ (higher of line 8a and 8b) x \_\_\_\_\_ (line 16) = 18. \_\_\_\_\_

19. Enhanced Support Obligation  
 \_\_\_\_\_ (line 18) - \_\_\_\_\_ (line 17) = 19. \_\_\_\_\_

20. Presumptive Parental Support Obligation  
 Enter the amount from line 15 or line 19, whichever is less = 20. \_\_\_\_\_

21. Additional expenses to be shared by parents in proportion to their incomes:

Expense	Weekly Amount	Parent Paying	HIP Share*	LIP Share*
Health Insurance (enter amount from line 10)			\$	\$
Child Care (enter amount from line 11)			\$	\$
Extraordinary Medical Expenses (enter amount from line 12)			\$	\$
*HIP = higher income parent	*LIP = lower income parent	<b>TOTAL:</b>	\$	\$

Adjudgment for additional expenses = 21. \_\_\_\_\_  
 (If HIP pays the expense(s), subtract LIP share.  
 If LIP pays the expense(s), add HIP share.)

22. Total weekly support obligation of HIP to be paid to LIP = 22. \_\_\_\_\_

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MAINE JUDICIAL BRANCH

\_\_\_\_ Plaintiff  
V.  
\_\_\_\_ Defendant

DISTRICT COURT  
Location (Town): \_\_\_\_\_  
Docket No.: \_\_\_\_\_

FEDERAL AFFIDAVIT  
50 U.S.C. § 3911

UNDER OATH and subject to the penalties of perjury, I hereby state on my own knowledge and belief that:

As of the date of this Affidavit, defendant is not in the Military Service of the United States, as defined in the Servicemember’s Civil Relief Act of 2003, (50 U.S.C. § 3911), based on the following facts:

- Defendant resides in Maine in the Town of \_\_\_\_\_; or
- Defendant is employed at (*name of employer*) \_\_\_\_\_ in Maine in the Town of \_\_\_\_\_; or
- Other facts showing defendant is not in the military \_\_\_\_\_.

AND

this action has been filed in the proper court because:

- Plaintiff resides in Maine in the Town of \_\_\_\_\_; or
- Defendant resides in Maine in the Town of \_\_\_\_\_.

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  plaintiff’s attorney

STATE OF MAINE

\_\_\_\_\_ County

Personally appeared the above named plaintiff, \_\_\_\_\_, 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

**NOTICE: This form must be filed if the defendant has failed to answer the complaint or file a notice of appearance.**

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## MAINE JUDICIAL BRANCH

### IMPORTANT INFORMATION REGARDING CASE MANAGEMENT CONFERENCE

Your family case has been scheduled for a case management conference. Trial counsel and parties are required to attend unless:

- A *Certificate in Lieu of Conference* (form FM-054) is filed with the court in advance of the conference date and the court waives the conference. This form, which can be found on the Judicial Branch's website at: [http://www.courts.maine.gov/fees\\_forms/forms](http://www.courts.maine.gov/fees_forms/forms) or from any Maine District Court clerk's office may only be filed when the parties agree on interim arrangements for the children;
- The Case Management Conference is deferred in accordance with M.R. Civ. P. 110A(b)(3)(A)(ii); or
- The parties agree on a modification of an existing judgment or order and file the appropriate paperwork with the court in advance of the conference date.

**PLEASE NOTE: You may be ordered to attend mediation. Please come to the case management conference prepared to pay your portion of the mediation fee.**

The following matters will be discussed at the case management conference, and an order may be entered at that time, or at a subsequent hearing, even if a motion for interim relief has not been filed:

1. Interim arrangements for the children, including residence, parent/child contact, health insurance and child support; interim responsibility for payment of periodic debts; and interim spousal support (if applicable). *You must file form FM-050, Child Support Affidavit.*
2. Issues in dispute;
3. Deadlines for moving the case to resolution, exchange of information (discovery), and mediation;
4. Payment of fees, including any court mediation fee and attorney fees;
5. Date and time of the next court event. **If one party is defaulted or if the case involves the establishment or enforcement of a child support obligation, a brief hearing may take place on the day of the case management conference;**
6. Other matters pertinent to the case including, but not limited to, attendance at a parent education program; genetic testing; a job search; the appointment of a guardian ad litem; and/or a psychological evaluation.

The Magistrate will enter a Case Management Order following the case management conference that will determine the course of the proceedings and may enter other orders, such as an interim order, or an order enforcing a child support obligation.

**WARNING TO PARTIES: If you are the responding party and wish to object to the complaint or motion, a response must be filed within the time limits established by statute or court rule.** Do not wait until the time of the case management conference to state your objections.

**You have the right to appear and be heard at all court events (trial, hearing, conference, mediation). If you fail to appear at any or all court events without good cause, action may be taken on your case even though you are not there.** This means that the Court may, in your absence, enter an interim/temporary order OR hold a final hearing and enter a final default order or judgment regarding any or all of the issues in your case, including but not limited to paternity or parentage, parental rights and responsibilities for children (custody, residence, visitation, etc.), child support, name change, spousal support/alimony, attorney fees, and distribution of marital and non-marital property (debt, real estate, vehicles, pension and retirement accounts, etc.). The Court also may dismiss any pleading that you have filed if you do not show up.

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