

IN RE: _____

DISTRICT COURT

Location (Town): _____

Docket No.: _____

PETITION FOR SPECIAL FINDINGS AND RELIEF

22 M.R.S. § 4099-I

(Fill out a separate form for each child for which special findings and relief are being sought.)

1. Petitioner Information (*Petition may be filed by an at-risk noncitizen child or on that child's behalf*):Name (*First, Middle, Last*): _____Address (*Street, City/Town, State, Zip*):

I am the:

 Parent Guardian At-risk noncitizen child Other: _____

who is seeking court orders pursuant to 22 M.R.S. § 4099-I.

2. Child's Information:Name (*First, Middle, Last*): _____The child has also been known as (*list any additional or previously miswritten names for the child, if applicable*):

_____Mailing Address (*Street, City/Town, State, Zip*):

_____Physical Address (*Street, City/Town, State, Zip*):

_____Date of Birth (*mm/dd/yyyy*): _____Please list any other docket number for any other court case that has involved the child:

_____**3. Parent Information:****Parent #1**Name (*First, Middle, Last*): _____The parent has also been known as (*list any additional or previously miswritten names for the parent, if applicable*):

_____**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, or a court clerk.**Language Services:** For language assistance and interpreters, contact a court clerk or interpreters@courts.maine.gov.

applicable):

Date of birth (mm/dd/yyyy): _____

Telephone number: _____

Email address: _____

Parent #2

Name (*First, Middle, Last*): _____

The parent has also been known as (*list any additional or previously miswritten names for the parent, if applicable*):

Date of birth (mm/dd/yyyy): _____

Telephone number: _____

Email address: _____

4. This Court has jurisdiction over this Petition for Relief and Special Findings under 22 M.R.S. § 4099-I pursuant to 4 M.R.S. § 152(16).
5. The child is dependent on the court, sitting as a court of juvenile jurisdiction pursuant to 22. M.R.S. § 4099-I(C), for the child's protection, well-being, health, and safety.
6. The child is under the age of 21.
7. The child is unmarried.
8. Reunification with the child with:
 Parent #1 is not viable under Maine law because of:
 Abuse, as defined by 22 M.R.S. § 4002(1);
 Neglect, as defined by 22 M.R.S. § 4002(1);
 Abandonment, as defined by 22 M.R.S. § 4002(1-A); or
 Similar circumstances, as defined by 22 M.R.S. 4099-I(1)(F).

for the following reasons (*include the factual basis for any/all of the above grounds that have been selected*):

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MAINE JUDICIAL BRANCH

Parent #2 is not viable under Maine law because of:

Abuse, as defined by 22 M.R.S. § 4002(1);
 Neglect, as defined by 22 M.R.S. § 4002(1);
 Abandonment, as defined by 22 M.R.S. § 4002(1-A); or
 Similar circumstances, as defined by 22 M.R.S. 4099-I(1)(F).

for the following reasons (*include the factual basis for any/all of the above grounds that have been selected*):

9. Pursuant to 22 M.R.S. § 4002(1-C) and 19-A M.R.S. § 1653(3), it is not in the best interest of the child to be returned to (*specify country or countries*) _____, the country/ies of nationality or country/ies of last habitual residence of the child or child's parents, for the following reasons (*state the factual basis*):

10. Pursuant to 22 M.R.S. § 4099-I(6), it is in the best interest of the child to be referred by the court to the Maine Department of Health and Human Services for the following services to redress the parental abuse, abandonment, neglect, similar circumstances, and/or harm that the child has suffered.

<input type="checkbox"/> Psychiatric	<input type="checkbox"/> Psychological	<input type="checkbox"/> Educational
<input type="checkbox"/> Occupational	<input type="checkbox"/> Medical	<input type="checkbox"/> Dental
<input type="checkbox"/> Social Services	<input type="checkbox"/> Protection against domestic violence	
<input type="checkbox"/> Protection against human trafficking		
<input type="checkbox"/> Other: _____		

11. Additional findings of fact or rulings of law requested:

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WHEREFORE, Petitioner requests that the Court grant this Petition and make findings and order relief pursuant to 22 M.R.S. § 4099-I.

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): _____



Petitioner's Signature _____

Mailing Address: _____

Phone Number: _____

Email: _____

Attorney for Petitioner, if any:

Date (mm/dd/yyyy): _____



Signature _____

Maine Bar No.: _____

Mailing Address: _____

Phone Number: _____

Email: _____

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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