

MAINE JUDICIAL BRANCH

REQUEST FOR PROTECTION ON TRIAL LIST

To:

Name and Address of Court:

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

RE:

Docket Number and Case Name:

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

Case Name: \_\_\_\_\_

Request of: ☐ Plaintiff ☐ Defendant

This case is scheduled for trial list beginning (mm/dd/yyyy): \_\_\_\_\_

The parties' good faith credible estimate of the time required for the trial is \_\_\_\_\_ days.

The following requests for protection from trial are made for the following reason:

	Date(s) Requested (mm/dd/yyyy)	Reason(s)
<input type="checkbox"/>	1. _____	_____
<input type="checkbox"/>	2. _____	_____
<input type="checkbox"/>	3. _____	_____
<input type="checkbox"/>	4. _____	_____
<input type="checkbox"/>	5. _____	_____
<input type="checkbox"/>	6. _____	_____

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



(☐ Attorney for) ☐ Plaintiff ☐ Defendant

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

**PLEASE NOTE: A request for protection is allowed only if the box to the left of the request is checked. A disallowed request that relates to a scheduling conflict with another court may be reconsidered if it becomes more certain that the conflict will actually occur.**

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



☐ Judge ☐ Justice

**DO NOT DOCKET**

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**Language Services:** For language assistance and interpreters, contact a court clerk or [interpreters@courts.maine.gov](mailto:interpreters@courts.maine.gov).