CONTAINS NONPUBLIC DIGITAL INFORMATION

STATE OF MAINE

PROBATE COURT
County: _____
Docket No. _____

DISTRICT COURT
Location: _____
Docket No. _____

IN RE: _____
(Minor Name)

PETITION TO APPOINT GUARDIAN OF MINOR
18-C M.R.S. § 5-204

1. Petitioner Information:

Name: _____
First *Middle* *Last*
Mailing Address: _____
Street *City/Town* *Zip*
Physical Address: _____
Street *City/Town* *Zip*
Date of Birth: _____

Telephone: _____

Co-Petitioner Information:

Name: _____
First *Middle* *Last*
Mailing Address: _____
Street *City/Town* *Zip*
Physical Address: _____
Street *City/Town* *Zip*
Date of Birth: _____

Telephone: _____

2. Minor Information:

Name: _____
First *Middle* *Last*
Mailing Address: _____
Street *City/Town* *Zip*
Physical Address: _____
Street *City/Town* *Zip*
Date of Birth: _____

Telephone: _____

3. Proposed Guardian Information:

Name: _____
First *Middle* *Last*
Mailing Address: _____
Street *City/Town* *Zip*
Physical Address: _____
Street *City/Town* *Zip*
Date of Birth: _____

Telephone: _____ Relationship to Minor: _____

Proposed Co-Guardian Information:

Name: _____
First *Middle* *Last*

Mailing Address: _____
Street *City/Town* *Zip*

Physical Address: _____
Street *City/Town* *Zip*

Date of Birth: _____

Telephone: _____ Relationship to Minor: _____

4. Notice of Proceeding

Names, addresses, and telephone numbers of all persons who must be notified of this proceeding and relationship of each such person to the minor. The following must be notified by the petitioner(s):

a. The minor, if 14 years of age or older, and if not the petitioner;
b. Any person alleging to have primary care and custody of the minor during the 60 days before the filing of the petition;
c. Each living parent of the minor or, if none exists, the adult nearest in kinship who can be found;
d. Any person nominated as a guardian by the minor, if the minor is 14 years of age or older;
e. Any parent's appointee whose appointment has not been prevented or terminated;
f. Any guardian or conservator currently acting for the minor in this state or elsewhere; and
g. Any person or tribe required to be notified under the Indian Child Welfare Act if the petitioner knows, or has reason to know, that this case involves and Indian child as defined by 25 U.S.C. § 1903(4) and 22 M.R.S. § 3943(8).

NAME	ADDRESS	RELATIONSHIP

5. Reason for Guardianship

The minor is a child in need of guardianship and it is in the minor's best interest for the following reasons: *(check all that apply)*

☐ The parent(s) consent;
☐ The parents' rights have been terminated;
☐ The parent(s) is/are unwilling or unable to exercise their parental rights;
☐ The following named parent is deceased: _____; or
☐ The minor has no living parents.

Describe the specific reason(s) why a guardianship is necessary:

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

(Please attach an additional page if necessary.)

6. During the past five years, the minor has lived at the following addresses with the following people:

Name of custodian(s)	Address of custodian(s) when minor was present	Date of minor's residence with custodian(s)

7. The custodian(s) named above currently live at the following address(es):

_____

_____

_____

8. I/We (check as many as are true):

☐ have/has participated as a party, witness, or in some other capacity in other litigation concerning the custody of this minor in Maine or another state;

☐ have/has information of a custody proceeding concerning this minor pending in a court in Maine or some other state; and/or

☐ know(s) of a person, not a party to this case, who has physical custody of this minor or claims to have rights concerning this minor.

If any of the above has been checked, you must attach an affidavit to this petition with additional information concerning that issue.

9. If the minor is 14 years of age or older, does the minor consent to the guardianship?

☐ Yes ☐ No ☐ Unknown

10. Indian Child Welfare Act. (S*elect one of the following*)

☐ **a.** The petitioner knows that the minor child is **not** (1) a member of an Indian tribe, or (2) eligible for membership in an Indian tribe and the biological child of a member of an Indian tribe;

☐ **b.** The petitioner knows, or has reason to know, that the minor child (1) is a member of an Indian tribe, or (2) is eligible for membership in an Indian tribe and is the biological child of a member of an Indian tribe:
Name of tribe: _____

PLEASE NOTE: The petitioner(s) **must** provide notice of this petition to the minor child's parent(s) or Indian custodian and the tribe named above and file a copy of those notices with the court. Such notice must comply with 25 C.F.R. § 23.111 and must be sent by certified mail, return receipt requested and via email, to the address and email address on file with the United States Department of the Interior, Bureau of Indian Affairs; **OR**

☐ **c.** The petitioner(s), at the time of this petition do(es) not yet know or have reason to know if the minor child is an Indian child. The petitioner(s) will conduct any remaining inquiry required to determine Indian child status as required by 25 U.S.C. §§ 1901-1963 and 22 M.R.S. §§ 3941-3955.

11. Is the minor in school?

☐ No. ☐ Yes, _____
(School name and address)

Does the proposed guardian intend to change the minor's school?

☐ No. ☐ Yes, _____
(Proposed school name and address)

12. Information about the parents of the minor:

Parent One:

Name: _____
First *Middle* *Last*

Date of Birth: _____

Deceased? ☐ Yes ☐ No

Mailing Address: _____
Street *City/Town* *Zip*

Physical Address: _____
Street *City/Town* *Zip*

Telephone: _____

Parent Two:

Name: _____
First *Middle* *Last*

Date of Birth: _____

Deceased? ☐ Yes ☐ No

Mailing Address: _____
Street *City/Town* *Zip*

Physical Address: _____
Street *City/Town* *Zip*

Telephone: _____

Parent Three (if applicable):

Name: _____
First *Middle* *Last*

Date of Birth: _____

Deceased? ☐ Yes ☐ No

Mailing Address: _____
Street *City/Town* *Zip*

Physical Address: _____
Street *City/Town* *Zip*

Telephone: _____

If you cannot provide a valid name and/or address for one or more parents, please describe in detail the efforts that have been made to locate the parent(s). If the identity of the father is unknown, provide all of the information you can about potential fathers and any prior paternity proceedings.

_____
_____
_____
_____
_____
_____

(Please attach an additional page if necessary)

13. Parents' Position Regarding Guardianship

Parent #1 consents to the guardianship ☐ Yes – consent attached ☐ No ☐ Unknown ☐ N/A – deceased or rights terminated

Parent #2 consents to the guardianship ☐ Yes – consent attached ☐ No ☐ Unknown ☐ N/A – deceased or rights terminated

Parent #3 (if applicable) consents to the guardianship ☐ Yes – consent attached ☐ No ☐ Unknown ☐ N/A – deceased or rights terminated

14. Rights and Responsibilities Concerning the Minor

a. The following person or persons has/have parental rights and responsibilities (legal custody) for the minor:

1. Name: _____
   First *Middle* *Last*
   Mailing Address: _____
   Street *City/Town* *Zip*
   Physical Address: _____
   Street *City/Town* *Zip*
   Date of Birth: _____
   Telephone: _____

2. Name: _____
   First *Middle* *Last*
   Mailing Address: _____
   Street *City/Town* *Zip*
   Physical Address: _____
   Street *City/Town* *Zip*
   Date of Birth: _____
   Telephone: _____

15. Legal Proceedings. Do you know of any legal proceedings that are pending or in which a final order was issued, involving the minor child, parent(s), or proposed guardian(s)? If so, please list below:

A. Family (divorce, parental rights and responsibilities, paternity, child support, guardianship, etc.)

Court / Docket No. (if known) _____ ☐ Minor ☐ Parent(s) ☐ Proposed Guardian(s)

B. Child Protective (DHHS)

Court / Docket No. (if known) _____ ☐ Minor ☐ Parent(s) ☐ Proposed Guardian(s)

C. Protection from Abuse/Harassment

Court / Docket No. (if known) _____ ☐ Minor ☐ Parent(s) ☐ Proposed Guardian(s)

D. Criminal

Court / Docket No. (if known) _____ ☐ Minor ☐ Parent(s) ☐ Proposed Guardian(s)

E. Juvenile

Court / Docket No. (if known) _____ ☐ Minor ☐ Parent(s) ☐ Proposed Guardian(s)

F. Other (foreclosure, eviction, etc.) please specify: _____

Court / Docket No. (if known) _____ ☐ Minor ☐ Parent(s) ☐ Proposed Guardian(s)

16. Is the Department of Health and Human Services (DHHS) involved with this minor?

☐ Yes ☐ No. If yes, please provide name of caseworker if known: _____

17. Statement concerning public assistance for this minor.

a. *Please select one of the following:*

☐ A. The minor in this matter has never received TANF or MaineCare. Neither party intends to file an application for TANF or MaineCare for this minor;

☐ B. The minor in this matter has received or is now receiving TANF or MaineCare; or

☐ C. A party to this action intends to file an application for TANF or MaineCare for this minor.

PLEASE NOTE: If B or C is checked, you must send a copy of this petition and all other supporting documents to:

Department of Health and Human Services
Division of Support Enforcement and Recovery
Central Office Supervisor
State House Station 11

b. *Please select one of the following:*

☐ A. One or both parents of this minor is receiving or has requested assistance of the Department of Health and Human Services this minor child; or

☐ B. Neither parent has contacted the Department of Health and Human Services for the establishment, review, modification, or enforcement of a child support order concerning this minor.

18. Is there an existing child support order in place for this minor? ☐ Yes ☐ No

If yes, please attach a copy of the most recent administrative or court child support order, and provide the court docket number or administrative order number here, if known:_____

As part of this guardianship appointment, does the proposed guardian wish for the court to enter a child support order? ☐ Yes ☐ No

Is this minor a recipient of social security benefits? ☐ Yes ☐ No

19. Is there any reason why the minor should not have contact with one or both parents? ☐ Yes ☐ No

If yes, please describe reason(s) why:

_____

_____

_____

_____

_____

(Please attach an additional page if necessary.)

WHEREFORE, the Petitioner believes the appointment of a guardian for the above-named minor is necessary and is in the minor's best interest, and the proposed guardian is suitable. Petitioners request that the Court:

1. Determine the appointment of a guardian for this minor is proper;
2. Make the requested appointment; and
3. Issue Letters of Guardianship.

For District Court filings only:

☐ 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.

_____

Signature of Petitioner

Date: _____
Name: _____
Address: _____
_____
Phone Number: _____
Email: _____

_____

Signature of Co-Petitioner

Date: _____
Name: _____
Address:_____
_____
Phone Number: _____
Email: _____

Attorney for Petitioner(s), if any:

_____
Signature of Attorney and Maine Bar Registration Number
Date: _____
Name:_____
Address:_____
_____
Phone Number: _____
Email: _____

STATE OF MAINE

_____ COUNTY

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

Before me,

Date:_____

_____

Attorney at Law / Notary Public / Register / Clerk