

MAINE JUDICIAL BRANCH

STATE OF MAINE

DISTRICT COURT

Location (Town): _____

V.

Docket No.: _____

_____ Juvenile

**NOTICE TO PARENTS AND
LEGAL GUARDIANS**

15 M.R.S. § 3314(4), (5)

You are hereby notified that pursuant to 15 M.R.S. § 3314(4), you may be ordered to provide medical insurance or to contract to pay the full cost of any medical treatment, mental health treatment, substance abuse treatment, or counseling for your child or ward who has been committed to a juvenile correction facility or to the Department of Health and Human Services, or who has been detained or placed on probation.

Pursuant to 15 M.R.S. § 3314(5), you may be ordered to pay a reasonable amount toward the support of your child or ward who has been committed to the Department of Health and Human Services, a juvenile correction facility, or who has been placed with a third party.

You are notified that a hearing will be held at the _____ District Court on (mm/dd/yyyy) _____ at _____ a.m. p.m. to determine what order the Court shall enter as to support and medical insurance and costs for the juvenile.

You are further notified that you are **entitled to be represented by an attorney**, and that you will be given the opportunity to be heard at the hearing.

Please note: Should you fail to appear, an order may be entered against you in your absence.

Date (mm/dd/yyyy): _____

► **FOR INFORMATIONAL PURPOSES ONLY**

Clerk, Maine District Court

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