

# MAINE JUDICIAL BRANCH

## HELP FOR PEOPLE FILING A PROTECTION ORDER

If you are a victim of violence, abuse, or harassment and believe you are in immediate danger, call 9-1-1.  
For help locating emergency services in your area, call 2-1-1.

### SEXUAL ASSAULT/HARASSMENT HELP

**Sexual Assault & Harassment Statewide 27/7 Hotline**  
1-800-871-7741  
[mecasa.org](http://mecasa.org)

### DOMESTIC VIOLENCE HELP

**Domestic Violence Statewide 27/7 Hotline**  
1-800-834-HELP  
[mcedv.org](http://mcedv.org)

### More Sexual Assault and Domestic Violence Help

#### Tribal Sexual Assault & Domestic Violence 27/7 Hotline Numbers

*Wabanaki Women's Coalition*

Micmac Advocacy Center • (207) 551-3639 Maliseet Advocacy Center • (207) 532-6401

Indian Township Passamaquoddy Advocacy Center • (207) 214-1917

Passamaquoddy Peaceful Relations Advocacy Center • 1-877-853-2613

Penobscot Nation Advocacy Center • (207) 631-4886

### How can an advocate help me?

**An advocate is a trained person who can help a victim of violence, abuse, or harassment to:**

- Give you information about protection orders and help you understand what happens in court;
- Help you file court paperwork and find legal help;
- Go with you to your hearing and give you support and information;
- Help you with other services like housing, counseling, support groups, and mental health help;
- Help make sure you are safe; and
- Provide information on how to file for a protection order if you are under 18.

### LEGAL HELP

**Maine State Bar Association Lawyer Referral Service**  
1-800-860-1460 or [www.mainebar.org/page/AttorneyRequest](http://www.mainebar.org/page/AttorneyRequest)  
(30-minute consultation with a lawyer for \$25 administrative fee)

**Legal Services for the Elderly**  
1-800-750-5353 or [www.mainelse.org](http://www.mainelse.org)

### MORE INFORMATION

To learn more about the court process to get a protection order, please review [A Guide to Protection from Abuse and Harassment Cases](#) or scan the QR code on the right.



To learn more about how to file for a protection order **by email**, please visit the [Maine Judicial Branch website](#) or scan the QR code on the right.



## MAINE JUDICIAL BRANCH

Plaintiff

DISTRICT COURT

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

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

☐ individually **and** on behalf of:

☐ on behalf of:

V.

Defendant

☐ on behalf of:

### CERTIFICATION FOR ELECTRONIC FILING OF COMPLAINT OR MOTION TO EXTEND PROTECTION ORDER

PMO-SJC-3; M.R.E.C.S. 31-40

**PLEASE NOTE:** This form is required only for complaints for a protection order or a motion to extend a protection order that are filed electronically (either by email or through eFileMaine). If you want to file in person at a courthouse, you do not need to complete this form.

**If you wish to speak to an advocate, you can call the free and confidential statewide hotline for the Maine Coalition to End Domestic Violence at 1-866-834-4357 or the Maine Coalition Against Sexual Assault at 1-800-871-7741.**

1. To file a complaint or motion to extend in a protection order case electronically, **you must check that you understand the following:**

- ☐ **I UNDERSTAND** I **must** have access to a safe phone number and a safe email that I can check regularly to file electronically. This is because the clerk will contact me by email to (1) tell me if the court granted me a temporary order for protection, or (2) if needed, to schedule a time for me to call the court so the judge can ask for additional information.
- ☐ **I UNDERSTAND** if the court schedules me for a call with the judge (the defendant will **not** be on the call) and I do not call at that time, my case will not be dismissed but **my request for a temporary order may be denied.**
- ☐ **I UNDERSTAND** that filing by email does **not** mean I am automatically protected. A judge must review my filing and decide whether to grant a temporary order or temporarily extend my existing protection order.
- ☐ **I UNDERSTAND** that any filings received electronically on a weekend, legal holiday, during a court closure, or after 3:00 p.m. on a weekday will not be reviewed until the next business day.
- ☐ **I UNDERSTAND** that I may file electronically without oath and notarization only if I check the box on the court's complaint or motion to extend form that says:

"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

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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.”

- ☐ **I UNDERSTAND** that all documents filed by email must be in Word or PDF format. All documents filed by eFileMaine must be in PDF format, and each form/document must be submitted individually as separate files within the same filing or “envelope”. Photographs of documents and hyperlinks to documents will **not** be opened or reviewed by the court.

**If you cannot agree to all the above, you should go to the court to file in person.** Please visit the following website for a list of courts by city or town: [https://www.courts.maine.gov/maine\\_courts/findacourt/court\\_by\\_town.shtml](https://www.courts.maine.gov/maine_courts/findacourt/court_by_town.shtml)

### 2. Safe Email to Schedule Call with Judge

To file electronically, you **must** provide a safe email for the court to contact you in case the judge has questions and needs to schedule a call with you. **Not all cases will need a call with the judge.** If you do not have a safe email, you should go to the court to file in person.

**Safe email:** \_\_\_\_\_

**Safe phone number:** \_\_\_\_\_

☐ Check here if you would like the clerk to also call you with your scheduled time. Please note that the clerk may be calling from a number that displays the caller ID (not a blocked number) and will not leave a voicemail if you do not pick up.

### 3. Court Selection

I want to file this matter in (*court location/town name*) \_\_\_\_\_ District Court.

Visit the following website for a list of courts by city or town:

[https://www.courts.maine.gov/maine\\_courts/findacourt/court\\_by\\_town.shtml](https://www.courts.maine.gov/maine_courts/findacourt/court_by_town.shtml)

### 4. Method of Electronic Filing (*please select one option below*)

- a. ☐ I want to file **by email** (this option is available for all courts, but **only for complaints and motions to extend without a filing fee**).

Please email your filing to the regional email address for the court where you want to file:

- Region 1 (Biddeford District Court): [region1pafilings@courts.maine.gov](mailto:region1pafilings@courts.maine.gov)
- Region 2 (Bridgton and Portland District Courts): [region2pafilings@courts.maine.gov](mailto:region2pafilings@courts.maine.gov)
- Region 3 (Farmington, Lewiston, Rumford, and South Paris District Courts):  
[region3pafilings@courts.maine.gov](mailto:region3pafilings@courts.maine.gov)
- Region 4 (Augusta, Skowhegan, and Waterville District Courts): [region4pafilings@courts.maine.gov](mailto:region4pafilings@courts.maine.gov)
- Region 5 (Bangor, Dover-Foxcroft, Lincoln, Millinocket, and Newport District Courts):  
[region5pafilings@courts.maine.gov](mailto:region5pafilings@courts.maine.gov)
- Region 6 (Belfast, Rockland, West Bath, and Wiscasset District Courts):  
[region6pafilings@courts.maine.gov](mailto:region6pafilings@courts.maine.gov)
- Region 7 (Calais, Ellsworth, and Machias District Courts): [region7pafilings@courts.maine.gov](mailto:region7pafilings@courts.maine.gov)
- Region 8 (Caribou, Fort Kent, Houlton, Madawaska, and Presque Isle District Courts):  
[region8pafilings@courts.maine.gov](mailto:region8pafilings@courts.maine.gov)

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- b. ☐ I want to file using **eFileMaine** (this option is available for all complaints and motions to extend, but **only in the following District Courts: Bangor, Lewiston, South Paris, Farmington, and Rumford**).

To file using eFileMaine, please visit: <https://www.courts.maine.gov/ecourts/efile.html>

### 5. Completing the Forms

After you have completed this form, complete the other forms in the protection from abuse packet, protection from harassment packet, or the motion to extend protection order packet as instructed. You must then electronically file the completed packet, including this form, whether you are submitting the filing by email to the regional email address or through eFileMaine.

**FILING CERTIFICATION.** I hereby certify that there are good grounds to support this pleading and that it is not being filed to cause any delay.

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



/s/ \_\_\_\_\_

Name of filing party or filing party's attorney  
(Typing your name above will be accepted by the court  
as an electronic signature.)

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# MAINE JUDICIAL BRANCH

Plaintiff

DISTRICT COURT

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

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

☐ individually **and** on behalf of:

☐ on behalf of:

V.

Defendant

☐ on behalf of:

## COMPLAINT FOR PROTECTION FROM ABUSE

19-A M.R.S. §§ 4101-4116

**PLEASE NOTE: You must complete and file form PA-005 with your complaint. If you are filing this complaint electronically, you must also complete and file form PA-027. Failure to do so will result in rejection of the Complaint.**

### 1. Plaintiff information:

Full name: \_\_\_\_\_

Gender: ☐ Female ☐ Male ☐ Other

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

**Do NOT list your contact information below if it is to be kept confidential. Instead, complete form PA-015, Affidavit for Confidential Address, which can be obtained from the clerk or at [www.courts.maine.gov](http://www.courts.maine.gov).**

Present street address (street address, city, state, ZIP):

If different, mailing address: \_\_\_\_\_

Telephone number: \_\_\_\_\_

If you left your residence to avoid abuse, provide your former address (street address, city, state, ZIP):

### A. If you are filing this complaint on behalf of a minor child or children, provide the following information:

Minor's Name

Minor's Date of Birth  
(mm/dd/yyyy)

Minor's Gender (select one)

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

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

☐ Male ☐ Female ☐ Other  
☐ Male ☐ Female ☐ Other  
☐ Male ☐ Female ☐ Other  
☐ Male ☐ Female ☐ Other  
☐ Male ☐ Female ☐ Other  
☐ Male ☐ Female ☐ Other

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**B. If you are filing this complaint as a legal guardian or a representative of the Department of Health and Human Services on behalf of an older, dependent, or incapacitated adult, provide the following information:**

Adult's Name

Adult's Date of Birth  
(mm/dd/yyyy)

Adult's Gender (select one)

☐ Male ☐ Female ☐ Other

**2. Defendant information:**

Full name: \_\_\_\_\_

Gender: ☐ Female ☐ Male ☐ Other

Date of Birth (mm/dd/yyyy) (If unknown, enter an approximate age): \_\_\_\_\_

Race: ☐ White ☐ Black ☐ Asian or Pacific Islander ☐ American Indian or Alaskan Indian ☐ Unknown

Present street address (street address, city, state, ZIP): \_\_\_\_\_

If different, mailing address: \_\_\_\_\_

Telephone number: \_\_\_\_\_

**A. If you are filing this complaint against a defendant on behalf of a minor, provide the following information:**

Minor's Name

Minor's Date of Birth  
(mm/dd/yyyy) (If  
unknown, enter an  
approximate age):

Minor's Gender (select one)

☐ Male ☐ Female ☐ Other

**3. Defendant's military service:**

Provide information regarding the defendant's military service (you must select one):

☐ The defendant is currently in military service, and I know this because:

\_\_\_\_\_;

☐ The defendant is not currently in military service, and I know this because:

\_\_\_\_\_;

☐ I am unable to determine whether or not the defendant is currently in military service.

**4. Plaintiff's relationship to the defendant:**

Select all that apply. If you are filing on behalf of a minor child(ren) or an older, dependent, or incapacitated adult, include their relationship with the defendant as well.

☐ spouse

☐ former spouse

☐ father/mother of my child(ren)

☐ minor child of a household member

☐ relative (describe): \_\_\_\_\_

☐ former or present sexual partner

☐ formerly or presently living together

☐ dating partner

☐ plaintiff is 60 years of age or older, or a dependent adult, or an incapacitated adult and defendant is plaintiff's extended family member (related by blood adoption or marriage) or unpaid care provider

☐ victim of sex trafficking or aggravated sex trafficking

☐ victim of nonconsensual removal of or tampering with a condom

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- ☐ victim of defendant's sexual assault  
☐ victim of defendant's stalking  
☐ victim of unauthorized dissemination of certain private images

- ☐ plaintiff is a minor who is a victim of sexual exploitation or dissemination of sexually explicit material  
☐ plaintiff is a minor who is a victim of harassment by telephone or electronic communication device

If none of the above options apply, describe the relationship:

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**5. Plaintiff and defendant are the parents of the following minor children:**

Full name	Date of Birth (mm/dd/yyyy)	Minor's Gender (select one)	Present address(es) (do not list if confidential to other party)
		<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	
		<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	
		<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	
		<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	
		<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	
		<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	

☐ The plaintiff and defendant are not parents to minor children. (Skip to Section 9 if selected.)

**6. Custody and residence of the minor child(ren):**

Who currently has primary physical residence of the above-named child(ren)?

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List anyone, other than the parties, that has physical custody of the minor child(ren), or claims to have custody or visitation rights with respect to the minor child(ren):

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List below where and with whom the minor child(ren) have lived **within the past 5 years**, starting with the most recent location (*attach an additional page if more space is needed*):

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

### 7. Public assistance and child support:

Select all that apply:

- ☐ Public assistance benefits have been or are now being received for the minor child(ren).
- ☐ The Department of Health and Human Services has been contacted to set up, review, change, or enforce a child support order regarding the minor child(ren). (*If an order has issued, a copy of the order must be attached to this complaint.*)

### 8. Other court cases involving custody of the minor child(ren):

You must select either (a) or (b):

- ☐ (a) Plaintiff does **not** know of any cases in Maine or any other state concerning the custody of the child(ren) named in this complaint; or
- ☐ (b) Plaintiff knows about the following case(s) in Maine or any other state concerning the custody of the child(ren) named in this complaint (*select all that apply*):

- ☐ Divorce or family matter
- ☐ Protection from abuse or restraining order
- ☐ Guardianship of minor ☐ Name change of minor ☐ Adoption of minor
- You **must** select the court in which the case was filed: ☐ Probate Court ☐ District Court
- ☐ Protective custody
- ☐ Juvenile matter
- ☐ Other (*describe what kind of other case*): \_\_\_\_\_

If there are any court orders awarding custody, visitation, etc. for the child(ren), any court orders against the defendant, or any actions pending against either the plaintiff or the defendant, give details:

\_\_\_\_\_

\_\_\_\_\_

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### 9. Other court actions involving the parties:

One or both of the parties are involved in the following related cases (*select all that apply*):

☐ Divorce or family matter action

☐ Protection from abuse

☐ Probate

☐ Protective custody

☐ Criminal Complaint

☐ Other (*describe what kind of other case*) \_\_\_\_\_

### 10. Temporary order:

*Select all that apply:*

☐ I am in immediate and present danger of abuse by the defendant. I ask that the court issue a temporary order to protect me without prior notice to the defendant.

☐ My minor children or the older, dependent, or incapacitated adult I am filing this complaint on behalf of are in immediate and present danger of abuse by the defendant. I ask that the court issue a temporary order to protect my minor child(ren) or the older, dependent, or incapacitated adult without prior notice to the defendant.

☐ I am not asking for a temporary order.

### 11. Defendant access, possession, and use of weapon(s):

Defendant has (*select all that apply*):

☐ access to ☐ possess a ☐ firearm, ☐ muzzle loading firearm, ☐ bow or crossbow, or ☐ other dangerous weapon(s).

If you selected any of the above, describe the weapon(s) the defendant has access to or is in possession of and if known, provide its current or last known location:

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Has the defendant ever used a firearm, muzzle loading firearm, bow or crossbow, or other dangerous weapon in an intimidating, threatening, or abusive way? ☐ Yes ☐ No

If "Yes":

What did the defendant use (*select all that apply*):

☐ Firearm

☐ Muzzle loading firearm

☐ Bow or crossbow

☐ Other dangerous weapon

Describe what happened:

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**12. Explain in detail why you are asking for protection from the defendant—who, what, when, where, etc. (If additional space is needed, attach another page).**

[illegible]

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[illegible]

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Therefore, I ask the court to enter any necessary and appropriate orders and *(select all that apply)*:

- ☐ (a) Order the defendant to stop abusing ☐ me ☐ and/or the person(s) I am filing this complaint on behalf of.
- ☐ (b) Order the defendant to have no contact with ☐ me ☐ and/or the person(s) I am filing this complaint on behalf of.
- ☐ (c) Order the defendant not to enter ☐ my separate residence ☐ and/or the residence of the person(s) I am filing this complaint on behalf of.
- ☐ (d) Order the defendant to refrain from repeatedly, and without reasonable cause, following me, or the person(s) I am filing this complaint on behalf of, or being at, or in the vicinity of, my/their home, school, business or place of employment.
- ☐ (e) Order the defendant to refrain from knowingly being within a specified distance of me or being present at a specific location;
- ☐ (f) Order the defendant not to possess or use a firearm, muzzle loading firearm, bow, crossbow or dangerous weapon.
- ☐ (g) Order the defendant to remove, destroy, or return the private images or direct the removal, destruction, or return of same, to stop the dissemination of the private images, and further order the defendant not to disseminate the private images at any time in the future.
- ☐ (h) Give me possession of and order the defendant to leave immediately and not again enter my residence located at:
- \_\_\_\_\_
- ☐ (i) Give me possession of the following personal household property including pets and order defendant not to injure or threaten to injure any animals *(name/description of animals)*:
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- ☐ (j) Award me temporary parental rights and responsibilities of the following child(ren) *(names and ages)*:
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- ☐ (k) Give the defendant the following rights of contact with regard to the child(ren):
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- ☐ (l) Order the defendant to receive counseling.
- ☐ (m) Order the defendant to pay support for me and/or our child(ren). *(If you are asking the defendant to pay support for your child(ren), please complete the following forms: FM-050, FM-040, FM-040-A if applicable, and CR-CV-FM-PC-200.)*
- ☐ (n) Order the defendant to pay monetary relief for me for losses suffered as a result of the defendant's conduct, pay court costs and attorney fees.
- ☐ (o) With regard to sex trafficking, order the defendant to pay economic damages related to the return or

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restoration of the plaintiff's passport or other immigration document, or pay any debts of the plaintiff arising from the sex trafficking relationship.

☐ (p) Order the defendant to refrain from destroying, transferring, or tampering with the plaintiff's passport or other immigration document in the defendant's possession.

☐ (q) Other relief requested:

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Pursuant to 19-A M.R.S. § 4106(4) you are hereby put on notice that it is a crime to make a false statement under oath in a court document:

☐ 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

**PLEASE NOTE: If you are not filing this complaint electronically, you must have a clerk or notary sign below.** If you are filing this complaint electronically, you may file it without notarization as long as you checked off the above certification and signed this document.

### STATE OF MAINE

COUNTY \_\_\_\_\_

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

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



☐ Clerk ☐ Notary Public ☐ Attorney

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# MAINE JUDICIAL BRANCH

## PROTECTION ORDER SERVICE INFORMATION

### DEFENDANT

Defendant's Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Apartment number and/or floor: \_\_\_\_\_

Color of house or other description: \_\_\_\_\_

If living with another person, other person's name: \_\_\_\_\_

Telephone: home/work/cell: \_\_\_\_\_

Hours defendant will most likely be at home: \_\_\_\_\_

Name of Employer: \_\_\_\_\_

Work Address: \_\_\_\_\_

Work Schedule: ☐ Mon ☐ Tues ☐ Wed ☐ Thurs ☐ Fri ☐ Sat ☐ Sun

Hours Worked: \_\_\_\_\_ ☐ AM ☐ PM to \_\_\_\_\_ ☐ AM ☐ PM

### PHYSICAL DESCRIPTION (If known)

Birth Date (mm/dd/yyyy) or approximate age: \_\_\_\_\_

Height: \_\_\_\_\_

Weight: \_\_\_\_\_

Hair Color: \_\_\_\_\_

Eye Color: \_\_\_\_\_

Gender: \_\_\_\_\_

Race: ☐ White ☐ Black ☐ Asian or Pacific Islander ☐ American Indian/Alaskan Native ☐ Other

### VEHICLE (If known)

Make and Year (yyyy): \_\_\_\_\_

Type/Model: \_\_\_\_\_

Color: \_\_\_\_\_

Registration No. and State: \_\_\_\_\_

If you are unable to provide the above information, please list below the name, address, and telephone number of anyone who can help the serving officer locate the defendant:

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

### ADDITIONAL INFORMATION

Does the defendant own a firearm or other weapon? ☐ No ☐ Yes

If the defendant owns a firearm or other weapon, answer the following questions:

Describe the weapon(s): \_\_\_\_\_

Where is/are the weapon(s) usually kept? Include the address where the weapon(s) are usually kept and describe the location of the weapon(s) (i.e., under the bed), if known: \_\_\_\_\_  
\_\_\_\_\_

Does the defendant have a history of violence? \_\_\_\_\_

Is there anything else the serving officer should know about the defendant? \_\_\_\_\_

Is the defendant on probation? ☐ No ☐ I do not know ☐ Yes; name of Probation officer (if known): \_\_\_\_\_

### PLAINTIFF

Plaintiff's Name: \_\_\_\_\_

Address (unless confidential): \_\_\_\_\_

Telephone: home/work/cell (unless confidential): \_\_\_\_\_

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## MAINE JUDICIAL BRANCH

Plaintiff

DISTRICT COURT

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

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

☐ individually **and** on behalf of:

☐ on behalf of:

V.

Defendant

☐ on behalf of:

### AFFIDAVIT OF CONFIDENTIAL ADDRESS

19-A M.R.S. § 4112(1), 5 M.R.S. § 4656

**PLEASE NOTE:** When your contact information is confidential, the court cannot give your information to an advocate from a domestic violence or sexual assault community agency to call you. An advocate can help you find legal help, explain what happens in court, and go with you to court. If you want help from an advocate, call one of the numbers on the second page of this form.

I am the ☐ plaintiff ☐ defendant in this case and I request that the court keep the following information confidential:

☐ Physical address: \_\_\_\_\_

☐ Mailing address: \_\_\_\_\_

☐ Email address: \_\_\_\_\_

Telephone number:

☐ Cell \_\_\_\_\_

☐ Home \_\_\_\_\_

☐ Work \_\_\_\_\_

☐ Other ( \_\_\_\_\_ ): \_\_\_\_\_

I state under oath that the health, safety, or liberty of myself and/or my child(ren) would be jeopardized by disclosure of this information for the following reasons:

☐ 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 ☐ defendant

### STATE OF MAINE

COUNTY \_\_\_\_\_

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

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

☐ Attorney at Law ☐ Notary Public ☐ Clerk

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## MAINE JUDICIAL BRANCH

Help For People Filing Protection Orders	
If you are a victim of violence, abuse, or harassment and believe you are in immediate danger, call 9-1-1. For help locating emergency services in your area, call 2-1-1.	
Sexual Assault/Harassment Help	Domestic Violence Help
<b>Sexual Assault &amp; Harassment Statewide 24/7 Hotline</b> 1-800-871-7741 <a href="http://mecasa.org">mecasa.org</a>	<b>Domestic Violence Statewide 24/7 Hotline</b> 1-866-834-HELP <a href="http://mcedv.org">mcedv.org</a>
More Sexual Assault and Domestic Violence Help	
<b>Tribal Sexual Assault &amp; Domestic Violence 24/7 Hotline Numbers</b> <i>Wabanaki Women's Coalition</i> Micmac Advocacy Center • (207) 551-3639 Maliseet Advocacy Center • (207) 532-6401 Indian Township Passamaquoddy Advocacy Center • (207) 214-1917 Passamaquoddy Peaceful Relations Advocacy Center • 1-877-853-2613 Penobscot Nation Advocacy Center • (207) 631-4886  <b>Immigrant &amp; Refugee Sexual Assault &amp; Domestic Violence Help</b> Immigrant Resource Center of Maine • (207) 753-0061	
How can an advocate help me?	
<b>An advocate is a trained person who can:</b> <ul style="list-style-type: none"><li>• Give you information about protection orders and help you understand what happens in court;</li><li>• Help you file court paperwork and find legal help;</li><li>• Go with you to your hearing and give you support and information;</li><li>• Help you with other services like housing, counseling, support groups, and mental health help;</li><li>• Help make sure you are safe; and</li><li>• Provide information on how to file for a protection order if you are under 18.</li></ul>	
Legal Help	
<b>Maine State Bar Association Lawyer Referral Service 1-800-860-1460</b> <a href="http://www.mainebar.org/page/AttorneyRequest">www.mainebar.org/page/AttorneyRequest</a> (\$25 administrative fee to help individuals find a private lawyer; includes a 30-minute consultation.)  <b>Legal Services for the Elderly</b> 1-800-750-5353 <a href="http://www.mainelse.org">www.mainelse.org</a>	

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## MAINE JUDICIAL BRANCH

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

Plaintiff(s)

*"X" the court for filing:*☐ Superior Court ☐ District Court☐ Unified Criminal Docket

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

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:

\_\_\_\_\_

**PLEASE NOTE: This form is confidential and shall not be disclosed unless ordered by the court.**

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## MAINE JUDICIAL BRANCH

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

Plaintiff  
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 \_\_\_\_\_

**OR**

Hourly wage \$ \_\_\_\_\_ and number of hours worked \_\_\_\_\_ per ☐ 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	\$ _____

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## MAINE JUDICIAL BRANCH

Social Security	\$ _____
Disability	\$ _____
Pension or annuity	\$ _____
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*

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## MAINE JUDICIAL BRANCH

Amount paid: ☐ weekly ☐ biweekly ☐ monthly ☐ other: \_\_\_\_\_

**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

**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

Printed Name (and Maine Bar No. if applicable)

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# MAINE JUDICIAL BRANCH

## PROTECTION FROM ABUSE OR PROTECTION FROM HARASSMENT: WHAT KIND OF CASE SHOULD I FILE?

Protection from Abuse (PFA)	Protection from Harassment (PFH)
Regardless of your age, you can file a PFA <b>against your family or household member or your current or former dating partner</b> who has abused you.	Regardless of age, you can file a PFH <b>against anyone</b> if the other person has: <ul style="list-style-type: none"> <li>Harassed you (which means three or more acts of intimidation, confrontation, actual or threatened physical force by the defendant, made with the intention of causing fear, intimidation, or damage to personal property, and that do in fact cause fear, intimidation, or damage to personal property);</li> <li>Committed a single act or course of conduct constituting a serious criminal act against you, such as: <ul style="list-style-type: none"> <li>assault,</li> <li>criminal threatening,</li> <li>sexual assault,</li> <li>terrorizing,</li> <li>kidnapping,</li> <li>aggravated assault,</li> <li>arson,</li> <li>violation of privacy;</li> </ul> </li> <li>Violation or interference with your constitutional or civil rights; or</li> <li>Shared or threatened to share intimate private images of you.</li> </ul>
Regardless of your age, you can also file a PFA <u>against anyone</u> who has: <ul style="list-style-type: none"> <li>stalked you;</li> <li>sexually assaulted you;</li> <li>shared or threatened to share intimate private images of you or against you;</li> <li>has forced you or led you into sex trafficking; or</li> <li>knowingly removed or tampered with a condom, knowingly used a damaged condom, or misrepresented intentions to use a condom during a consensual sexual act.</li> </ul>	
If you are 60 or older, or a dependent or incapacitated adult, you can file a PFA <u>against a family member or unpaid care provider</u> if that person has abused you.	
If you are a minor, you can also get a PFA <u>against anyone</u> who has: <ul style="list-style-type: none"> <li>sexually exploited you;</li> <li>shared or intends to share sexually explicit images of you (only if you are 16 or under); or</li> <li>harassed you by telephone or by electronic devices.</li> </ul>	<i>(Please note that if you are a minor child, your parent or other person responsible for you will have to file the PFH on your behalf.)</i>

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# MAINE JUDICIAL BRANCH

## KEY DIFFERENCES: PROTECTION FROM ABUSE v. PROTECTION FROM HARASSMENT

Protection from Abuse (PFA)	Protection from Harassment (PFH)
Temporary protection order may be available without earlier notice to the defendant. If a temporary order is <u>not</u> granted, the plaintiff can decide to withdraw the complaint or go ahead, with a final hearing to be heard within 21 days.	In most cases, the plaintiff must first ask law enforcement to serve a “cease harassment” notice on the person harassing the plaintiff before filing a PFH complaint.
There are no fees to file a PFA complaint or have law enforcement serve the complaint and temporary order (if any) on the defendant.	There may be fees to file a PFH complaint and have law enforcement serve the complaint and temporary order (if any) on the defendant. There are no fees for complaints that are based on allegations of domestic or dating violence, stalking, sexual assault, sex trafficking, or unlawful dissemination of certain private images.
A minor can file a PFA on their own behalf.	A minor <u>cannot</u> file a PFH on their own behalf.
A business cannot file a PFA complaint.	A business can file a PFH complaint.
The court will hold a hearing on a PFA complaint within 21 days after the complaint is filed.	The court will hold hearing on the PFH complaint at the earliest available date, but it might not be held within 21 days.
An initial final PFA order can last up to two years.	An initial final PFH order can last up to one year.
A temporary or final PFA order can prohibit the defendant from having firearms, ammunition, or other dangerous weapons.	The court generally does not prohibit the defendant from having firearms, ammunition, or other dangerous weapons.

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## MAINE JUDICIAL BRANCH

### RESOURCES

HELP FOR PEOPLE FILING A PROTECTION ORDER	
If you are a victim of violence, abuse, or harassment and believe you are in immediate danger, call 9-1-1. For help locating emergency services in your area, call 2-1-1.	
SEXUAL ASSAULT/HARASSMENT HELP	DOMESTIC VIOLENCE HELP
<b>Sexual Assault &amp; Harassment Statewide 24/7 Hotline</b> 1-800-871-7741 mecasa.org	<b>Domestic Violence Statewide 24/7 Hotline</b> 1-866-834-HELP mcedv.org
More Sexual Assault and Domestic Violence Help	
<b>Tribal Sexual Assault &amp; Domestic Violence 24/7 Hotline Numbers</b> <i>Wabanaki Women's Coalition</i> Micmac Advocacy Center • (207) 551-3639   Maliseet Advocacy Center • (207) 532-6401 Indian Township Passamaquoddy Advocacy Center • (207) 214-1917 Passamaquoddy Peaceful Relations Advocacy Center • 1-877-853-2613 Penobscot Nation Advocacy Center • (207) 631-4886	
How can an advocate help me?	
<b>An advocate is a trained person who can help a victim of violence, abuse, or harassment to:</b> <ul style="list-style-type: none"><li>• Give you information about protection orders and help you understand what happens in court;</li><li>• Help you file court paperwork and find legal help;</li><li>• Go with you to your hearing and give you support and information;</li><li>• Help you with other services like housing, counseling, support groups, and mental health help;</li><li>• Help make sure you are safe; and</li><li>• Provide information on how to file for a protection order if you are under 18.</li></ul>	
LEGAL HELP	
<b>Maine State Bar Association Lawyer Referral Service</b> 1-800-860-1460 or <a href="http://www.mainebar.org/page/AttorneyRequest">www.mainebar.org/page/AttorneyRequest</a> (30-minute consultation with a lawyer for \$25 administrative fee)	<b>Legal Services for the Elderly</b> 1-800-750-5353 or <a href="http://www.mainelse.org">www.mainelse.org</a>

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