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
Sexual Assault & Harassment Statewide 27/7 Hotline	Domestic Violence Statewide 27/7 Hotline
1-800-871-7741	1-800-834-HELP
mecasa.org	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
(30-minute consultation with a lawyer for \$25 administrative fee)

Legal Services for the Elderly 1-800-750-5353 or www.mainelse.org

MORE INFORMATION	
To learn more about the court process to get a protection order, please review <u>A Guide to Protection from Abuse and Harassment Cases</u> 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.	

	Plaintiff	DISTRICT COURT
individually and on behalf of:		Location (Town):
_		Docket No.:
on behalf of:		
V.		
	Defendant	
Day babalf of	Defendant	
on behalf of:		
CERTIFICATION FOR FLECTRONIC FILIN	G OF COMPLAINT	OR MOTION TO EXTEND PROTECTION ORDER
	MO-SJC-3; M.R.E.	
DI EASE NOTE: This form is required only f	or complaints for	a protection order or a motion to extend a
	-	a protection order of a motion to extend a mile or through eFileMaine). If you want to file in
person at a courthouse, you do not need to		
person at a countriouse, you do not need to	o complete tills to	
If you wish to speak to an advocate, you o	an call the free a	nd confidential statewide hotline for the Maine
-		e Maine Coalition Against Sexual Assault at 1-
800-871-7741.		-
1. To file a complaint or motion to exten	nd in a protection	order case electronically, you must check that
you understand the following:	,, a a p. 6.666.61.	
		
I UNDERSTAND I must have acces	ss to a safe phone	number and a safe email that I can check
regularly to file electronically. Thi	s is because the c	lerk will contact me by email to (1) tell me if the
court granted me a temporary or	der for protection	, or (2) if needed, to schedule a time for me to call
the court so the judge can ask for	additional inform	aation.
		with the judge (the defendant will <u>not</u> be on the
•	, my case will not	be dismissed but my request for a temporary
order may be denied.		
LINDEDSTAND that filing by ama	nil doos not moon	I am automatically protected. A judge must review
		order or temporarily extend my existing
protection order.	, rant a temporary	order or temporarily exteriorily existing
protection order.		

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.

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MAINE JUDICIAL BRANCH 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 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 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

a. | I want to file by email (this option is available for all courts, but only for complaints and

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

motions to extend without a filing fee).

	MAINE JUDICIAL BRANCH
Please	e email your filing to the regional email address for the court where you want to file:
0	Region 1 (Biddeford District Court): region1pafilings@courts.maine.gov
0	Region 2 (Bridgton and Portland District Courts): region2pafilings@courts.maine.gov
0	Region 3 (Farmington, Lewiston, Rumford, and South Paris District Courts):
	region3pafilings@courts.maine.gov
0	Region 4 (Augusta, Skowhegan, and Waterville District Courts):
	region4pafilings@courts.maine.gov
0	Region 5 (Bangor, Dover-Foxcroft, Lincoln, Millinocket, and Newport District Courts):
	region5pafilings@courts.maine.gov
0	Region 6 (Belfast, Rockland, West Bath, and Wiscasset District Courts):
	region6pafilings@courts.maine.gov
0	Region 7 (Calais, Ellsworth, and Machias District Courts):
	region7pafilings@courts.maine.gov
0	Region 8 (Caribou, Fort Kent, Houlton, Madawaska, and Presque Isle District Courts):
	region8pafilings@courts.maine.gov
	vant to file using eFileMaine (this option is available for all complaints and motions to d, but only in the following District Courts: Bangor, Lewiston, South Paris, Farmington, and ord).
To file	using eFileMaine, please visit: https://www.courts.maine.gov/ecourts/efile.html
you ha	the Forms ve completed this form, complete the other forms in the protection from abuse packet, com harassment packet, or the motion to extend protection order packet as instructed. You ectronically file the completed packet, including this form, whether you are submitting the

5. Comp

b.

After prote must 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 (<i>mm/dd/yyyy</i>):	> /	/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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Page 3 of 3

		Plaintiff	DISTRICT COU	IRT			
Пі	ndividually and on behalf of:		Location (Tow				
ш.	namadan , and on benan on		Docket No.:				
		<u></u>	_				
Пс	on behalf of:	<u></u>					
ш,							
V.							
		Defendant					
	on behalf of:						
	COMPLAII		CTION FROM HARASSMENT	•			
		5 M.R.S. §	§ 4651 et seq.				
NOT	E: You must file form PA-027 if you are	filing this elec	tronically. Failure to do so v	vill result in re	ejection of	the	
Com	plaint.						
1.	Plaintiff information:						
	Full name: Gender: Female Male Other						
	Date of Birth (mm/dd/yyyy):						
'	Date of Birtii (IIIII) dayyyyyy.						
				_			
	NOT list your contact information below		-	-	PA-015, Af	fidavit	
for C	Confidential Address, which can be obta	ained from the	clerk or at <u>www.courts.ma</u>	ine.gov.			
ı	Present street address (<i>street address, c</i>	ity, state, ZIP):					
-							
ı	If different, mailing address:						
-	Telephone number:						
1	If you are filing this complaint on be	ehalf of a mind	or child or children, provide	the following	information	on:	
	Minor's Name		Minor's Date of Birth	Minor's G	ender (<i>sele</i>	ct one)	
			(mm/dd/yyyy)		`	,	
			, , , , , , , , , , , , , , , , , , , ,	Male	Female	Other	
				Male	Female	Other	
	-			Male	Female	Other	
	-			Male	Female	Other	
				Male	Female	Other	
				Male	Female	Other	

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	 If you are filing this complaint acting information: 									
	Adult's Name	Adult's Date of Birth (mm/dd/yyyy)	Adult's Gender (select one)							
			Male Female Other							
C	If you are filing this complaint on behalf of a business, provide the following information:									
	Business name:									
	Present street address (street address, city, state, ZIP):									
	If different, mailing address:									
	Telephone number:									
	Plaintiff's relationship to the busines	SS:								
. D	efendant information:									
Fı	ıll name:									
	ender: Female Male Other									
G										
_	ate of Birth (<i>mm/aa/yyyy) (if unknown,</i>	, enter an approximate age):								
R		cific Islander American Indian or Alas								
R	ace: White Black Asian or Paresent street address, care									
R P	resent street address (street address, co	ity, state, ZIP):	kan Indian 🗌 Unknown							
R P If	different, mailing address:	ity, state, ZIP):	skan Indian 🗌 Unknown							
R P If	different, mailing address:	ity, state, ZIP):	skan Indian 🗌 Unknown							
R Pr If	different, mailing address:elephone number:	ity, state, ZIP):	skan Indian							
R Pr If	different, mailing address:elephone number:	ity, state, ZIP):	skan Indian							
R Pr If	different, mailing address:elephone number:	nst a defendant on behalf of a minor, pro	ovide the following information:							
R Pr If	different, mailing address:elephone number:	nst a defendant on behalf of a minor, pro	ovide the following information:							
R Pr If	different, mailing address:elephone number:	nst a defendant on behalf of a minor, pro Minor's Date of Birth (mm/dd/yyyy) (If	ovide the following information:							
R Pr If	different, mailing address:elephone number:	nst a defendant on behalf of a minor, pro Minor's Date of Birth (mm/dd/yyyy) (If unknown, enter an	ovide the following information:							
R. P. Iff To	different, mailing address:elephone number: If you are filing this complaint again Minor's Name	nst a defendant on behalf of a minor, pro Minor's Date of Birth (mm/dd/yyyy) (If unknown, enter an	ovide the following information: Minor's Gender (select one)							
R. P. If To A	different, mailing address: elephone number: Minor's Name efendant's military service:	Minor's Date of Birth (mm/dd/yyyy) (If unknown, enter an approximate age):	ovide the following information: Minor's Gender (select one) Male Female Other							
R. P. If To A	different, mailing address: elephone number: If you are filing this complaint again Minor's Name efendant's military service: formation regarding the defendant's m	nst a defendant on behalf of a minor, pro Minor's Date of Birth (mm/dd/yyyy) (If unknown, enter an	ovide the following information: Minor's Gender (select one) Male Female Other							
R. P. If To A	different, mailing address:elephone number: If you are filing this complaint again Minor's Name efendant's military service: formation regarding the defendant's mailitary in military in military	nst a defendant on behalf of a minor, pro Minor's Date of Birth (mm/dd/yyyy) (If unknown, enter an approximate age): military service (select one of the following service, and I know this because:	ovide the following information: Minor's Gender (select one) Male Female Other							
R. P. If To A	different, mailing address:elephone number: If you are filing this complaint again Minor's Name efendant's military service: formation regarding the defendant's mailitary in military in military	nst a defendant on behalf of a minor, pro Minor's Date of Birth (mm/dd/yyyy) (If unknown, enter an approximate age): military service (select one of the following service, and I know this because:	ovide the following information: Minor's Gender (select one) Male Female Other							
R. P. If To A	different, mailing address:elephone number: If you are filing this complaint again Minor's Name efendant's military service: formation regarding the defendant's mailitary in military in military	mst a defendant on behalf of a minor, pro Minor's Date of Birth (mm/dd/yyyy) (If unknown, enter an approximate age): military service (select one of the following service, and I know this because:	ovide the following information: Minor's Gender (select one) Male Female Other							

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+.	Other court cases involving custody of the minor child(ren):
	You must choose either (a) or (b): (a) Plaintiff does <u>not</u> 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 You <u>must</u> 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) or any court orders against the defendant or any actions pending against either the plaintiff or the defendant, give details:
5.	Notice by law enforcement:
	 You must choose either (a) or (b): (a) A copy of the notice(s) issued by law enforcement pursuant to 17-A M.R.S. § 506-A to defendant to stop harassing the plaintiff (or the person on whose behalf I am filing this complaint) is attached to this complaint. (b) I have not sought/obtained from law enforcement a notice to defendant to stop harassing me (or the person on whose behalf the complaint is being filed) because the harassment meets the definition in 5 M.R.S § 4651(2)(C), or relates to an allegation of: domestic violence; violence against a dating partner; sexual assault; stalking; or harassment as described in 17-A M.R.S. §§ 506(1)(A-1) or (A-2).
5.	Allegation of domestic or dating violence, sexual assault, stalking, sex trafficking, or unlawful dissemination of private images:
	 You must choose either (a) or (b), and then detail provide additional information about this claim in number 7 below: (a) This claim involves an allegation of domestic or dating violence, sexual assault, stalking, sex trafficking or unlawful dissemination of certain private images; (b) This claim does not involve an allegation of domestic or dating violence, sexual assault, stalking, sex trafficking or unlawful dissemination of certain private images.

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additior	nal space is needea	l, attach anoth	er page).		
		_			

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□ мот	ION	FOR TEMPORARY ORDER (OPTIONAL)				
☐ I am and/or ☐ the person(s) I am filing this complaint on behalf of, is/are in immediate and present danger of physical abuse or extreme emotional distress from the defendant's conduct, or my business property is in immediate and present danger of suffering substantial damage as a result of the defendant's actions because:						
1 46 0 40 60		no contribute a tomorrow or and or four processing from a borrow out to instead				
i thereio	re rec	quest that a temporary order for protection from harassment be issued.				
REQUEST	T FOR	RELIEF (you must select one or more of the options below)				
I ASK TH	E COL	JRT TO:				
	(a)	Order the defendant to stop harassing \square me \square and/or the person(s) I am filing this complaint on behalf of.				
	(b)	Order the defendant to have no direct or indirect contact with \square me \square and/or the person(s) I am filing this complaint on behalf of.				
	(c)	Order the defendant not to enter \square my residence \square 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 interfering with my property and/or the property of the person(s) I am filing this complaint on behalf of.				
	(f)	Order the defendant to remove, destroy or return the private images or direct the removal, destruction or return of the same, order the defendant to stop disseminating the private images, and further order the defendant not to disseminate the private images at any time in the future.				
	(g)	Order the defendant to pay monetary compensation for losses that I have incurred as the result of the harassment.				
	(h)	Order the defendant to pay my attorney fees and court costs and to order any other necessary and proper relief.				
	(i)	Order the defendant to refrain from destroying, transferring, or tampering with my passport or any other immigration documents.				

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You are hereby put on notice that it is a crime to make	ke a false statement under oath in a court document:			
	tatements are true and correct. I understand that these statements subject to prosecution for perjury punishable by up to 5 years in ormation to the court.			
Date (mm/dd/yyyy):	Signature of Plaintiff			
	Signature of Plaintiff			
PLEASE NOTE: If you are <u>not</u> 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.				
COUNTY	STATE OF MAINE			
Personally appeared the above named, made oath that the foregoing statements are true un	, and nder penalty of perjury.			
Date (mm/dd/yyyy):	Clerk Notary Public Attorney			

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PROTECTION ORDER SERVICE INFORMATION

Height:	DEFENDANT	
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:	Defendant's Name:	
Color of house or other description: If living with another person, other person's name: Telephone: home/work/celt: Hours defendant will most likely be at home: Name of Employer: Work Address: Work Schedule: Mon Tues Wed Thurs Fri Sat Sun Hours Worked: MM PM PM To MAM PM PHYSICAL DESCRIPTION (If known) Birth Date (mm/dd/yyyy): Make and Year (yyyy): Height: Type/Model: Color: Hair Color: Registration No. and State: Eye Color: Registration No. and State: Eye Color: Other Gender: Race: White Black Asian or Pacific Islander American Indian/Alaskan Native Other 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, 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?		
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 Address: Work Schedule:	Apartment number and/or floor:	
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 Address: Work Schedule:	Color of house or other description:	
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 Mellow PM PHYSICAL DESCRIPTION (If known) Birth Date (mm/dd/yyyy): Make and Year (yyyy): Type/Model: Weight: Color: Hair Color: Registration No. and State: Eye Color: Gender: Race: White Black Asian or Pacific Islander American Indian/Alaskan Native Other 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, 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?		
Name of Employer: Work Address: Work Schedule:	Telephone: home/work/cell:	
Work Address: Work Schedule:	Hours defendant will most likely be at home:	
Work Address: Work Schedule:	Name of Employer:	
Hours Worked: AM PM to AM PM PHYSICAL DESCRIPTION (If known) Birth Date (mm/dd/yyyy):		
PHYSICAL DESCRIPTION (If known) Birth Date (mm/dd/yyyy):	Work Schedule: Mon Tues Wed Thurs	Fri 🗌 Sat 🗌 Sun
Birth Date (mm/dd/yyyy):	Hours Worked: AM PM to] AM 🔲 PM
Height:	PHYSICAL DESCRIPTION (If known)	VEHICLE (If known)
Height:	Birth Date (mm/dd/yyyy):	Make and Year (yyyy):
Weight: Color:		Type/Model:
Hair Color: Registration No. and State: Eye Color: Gender: Race: _ White _ Black _ Asian or Pacific Islander _ American Indian/Alaskan Native _ Other 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:		
Gender:		
Race: White Black Asian or Pacific Islander American Indian/Alaskan Native Other 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?	Eye Color:	
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?	Gender:	-
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?	Race: White Black Asian or Pacific Islander	American Indian/Alaskan Native 🗌 Other
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?	•	•
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?	Does the defendant own a firearm or other weapon? If the defendant owns a firearm or other weapon, answer	
describe the location of the weapon(s) (i.e., under the bed), if known: Does the defendant have a history of violence?		le the address where the weapon(s) are usually kept and
	Does the defendant have a history of violence?	
is there anything else the serving officer should know about the defendant!		
	is there anything else the serving officer should know ab	out the defendant?
PLAINTIFF	PLAINTIFF	
Plaintiff's Name:	Plaintiff's Name:	
Address (unless confidential):		
Telephone: home/work/cell (unless confidential):	Telephone: home/work/cell (unless confidential):	

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	Plaintiff	DISTRICT COURT
individually and on behalf of:		Location (Town): Docket No.:
	-	Docket No
on behalf of:	-	
	-	
V.	-	
v .		
	Defendant	
on behalf of:		
	-	
		DENTIAL ADDRESS
19-4	4 M.R.S. § 4112(1), 5 M.R.S. § 4656
PLEASE NOTE: When your contact information	is confidential, th	ne court cannot give your information to an advocate from a
domestic violence or sexual assault community	agency to call yo	ou. An advocate can help you find legal help, explain what
	u 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 a	nd I request that	the court keep the following information confidential:
Physical address:	·	· -
Mailing address:		
		_
Telephone number: Cell		
☐ Work ☐ Other ():
information for the following reasons:	rty of myself and,	/or my child(ren) would be jeopardized by disclosure of this
-		
		re true and correct. I understand that these statements are
fine of up to \$5,000 if I give false information to		cution for perjury punishable by up to 5 years in prison and a
Date (mm/dd/yyyy):	▶	Signature of plaintiff defendant
		Signature of [] plaintiff [] defendant
	STATE OF I	MAINE
COUNTY		
		oregoing statements are true under penalty of perjury.
Date (mm/dd/yyyy):		Attorney at Law Notary Public Clerk
ADA Notice: The Maine Judicial Branch complies w accommodation, contact the Court Access Coordin		with Disabilities Act (ADA). If you need a reasonable
Language Services: For language assistance and in	•	

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
Sexual Assault & Harassment Statewide 24/7 Hotline 1-800-871-7741 mecasa.org	Domestic Violence Statewide 24/7 Hotline 1-866-834-HELP mcedv.org

More Sexual Assault and Domestic Violence Help

Tribal Sexual Assault & Domestic Violence 24/7 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

Immigrant & Refugee Sexual Assault & Domestic Violence Help

Immigrant Resource Center of Maine • (207) 753-0061

How can an advocate help me?

An advocate is a trained person who can:

- 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 www.mainebar.org/page/AttorneyRequest (\$25 administrative fee to help individuals find a private lawyer; includes a 30-minute consultation.)

Legal Services for the Elderly 1-800-750-5353 www.mainelse.org

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.

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 against your family or household member or your current or former dating partner who has abused you. (Please note that if you are a minor child, your parent or other person responsible for you will have to file the PFA on your behalf.)

Regardless of your age, you can also file a PFA <u>against</u> <u>anyone</u> who has:

- stalked you;
- sexually assaulted you;
- used or threatened to use intimate private images of you or against you;
- has forced you or led you into sex trafficking; or
- knowingly removed or tampered with a condom, knowingly used a damaged condom, or misrepresented intentions to use a condom during a consensual sexual act.

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, your parent or other person responsible for you can get a PFA on your behalf against anyone who has:

- sexually exploited you;
- shared or intends to share sexually explicit images of you (only if you are 16 or under); or
- harassed you by telephone or by electronic devices.

Regardless of age, you can file a PFH **against anyone** if you have been a victim of that person's:

- Harassment (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);
- A single act or course of conduct constituting a serious criminal act, such as:
 - assault,
 - o criminal threatening,
 - o sexual assault,
 - o terrorizing,
 - o kidnapping,
 - aggravated assault,
 - o arson,
 - o violation of privacy, or
- Violation or interference with your constitutional or civil rights.

(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.)

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Protection from Abuse or Protection from
Harassment: What Kind of Case Should I File?

KEY DIFFERENCES: PROTECTION FROM ABUSE v. PROTECTION FROM HARASSMENT

Protection from Abuse (PFA)	Protection from Harassment (PFH)
A 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 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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RESOURCES

HELP FOR PEOPLE FILING A PROTECTION ORDER

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Protection from Abuse or Protection from Harassment: What Kind of Case Should I File?