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	<u>mcedv.org</u>

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.		

individually and on behalf of:	Plaintiff	DISTRICT COURT Location (Town): Docket No.:
on behalf of:		
V.		
on behalf of:	Defendant	
☐ With r		D ORDER FOR PROTECTION ation of extended order M.R.S. § 4655(2)
PLEASE NOTE: You must file form PA-0 rejection of the Motion.	027 if you are filing	this electronically. Failure to do so will result in
1. I obtained an Order for Protection a That Order has not expired a or The Order expired on (mm/or) before the Order for Protection a	and will expire on (mm/dd/yyyy) I did not file this motion
	as good cause for fi	ction expired, the court may extend your order only if ling the motion after the order's expiration and that ant of time.)
I believe that an extension of the O child(ren) for the following reasons		is necessary to protect me and/or my minor
ADA Notice: The Maine Judicial Branch compli accommodation, contact the Court Access Coo		with Disabilities Act (ADA). If you need a reasonable

PA-013, Rev. 09/25 Plaintiff's Motion to Extend Order for Protection

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

THEREFORE, I ask the court to: (a) Extend my Order for Protection against the defendant for (length of extension requested): (b) I also request that my extended Order for Protection be changed or modified as follows: (c) If a hearing on this motion cannot be held before the Order for Protection expires, I ask the court to continue the Order in effect until the hearing on this motion to extend. 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. Signature of Plaintiff Date (mm/dd/yyyy): PLEASE NOTE: If you are not filing this motion 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*): ADA Notice: The Maine Judicial Branch complies with the Americans with Disabilities Act (ADA). If you need a reasonable

MAINE JUDICIAL BRANCH

accommodation, contact the Court Access Coordinator, <u>accessibility@courts.maine.gov</u>, or a court clerk. **Language Services:** For language assistance and interpreters, contact a court clerk or <u>interpreters@courts.maine.gov</u>.

NOTICE OF HEARING
The parties are notified that the hearing in this matter is set for (mm/dd/yyyy)at
IMPORTANT WARNING: If you fail to appear at court at the above stated time, or at any time the court notifies you to do so, the court may extend the Order for Protection in your absence. The court may grant any or all the relief requested by the plaintiff. A violation of a protection order may constitute a Class D crime or contempt of court. If you intend to oppose this motion to extend, do not fail to appear at the required time. You may obtain a booklet of information about protection from abuse/harassment cases from the court or on the court's website.
EX PARTE ORDER EXTENDING ORDER FOR PROTECTION
Plaintiff filed the motion to extend before expiration of the underlying Order for Protection. The hearing on the motion to extend is scheduled after the expiration of the underlying Order for Protection. The court hereby extends the Order for Protection until the hearing on the motion to extend; or The hearing on the motion to extend is scheduled before the expiration of the underlying Order for Protection. If the court reschedules the hearing to a date after the expiration of the Order for Protection, the Order will automatically be extended until the hearing on the motion to extend.
OR
Plaintiff filed the motion to extend after expiration of the underlying Order for Protection. The court hereby reinstates the expired Order for Protection until a hearing on the motion to extend because the Court finds, pursuant to 19-A M.R.S. § 4111(1-A), that: (1) the plaintiff has shown good cause for filing the motion to extend after expiration of the Order for Protection, and (2) the motion to extend was filed within a reasonable amount of time based upon the underlying circumstances; or The court does not reinstate the expired Order for Protection because the plaintiff has not shown that the requirements of 19-A M.R.S. § 4111(1-A) have been met.
Please note that if the Order for Protection is reinstated or extended until the hearing on the motion to extend, violation of the Order may be a Class D crime only if the defendant has prior actual notice of the extension.
Copies of this Order shall be furnished by the clerk to the law enforcement agency with jurisdiction in the location of the plaintiff's residence.
It is ORDERED that a copy of this Order be served on the defendant by:
(law enforcement agency)

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Date (mm/dd/yyyy):	
	Judge, District Court
RETURN OF SE	ERVICE
On (mm/dd/yyyy) at Extend Order for Protection/Order of Extension by delivering	
Defendant's date of birth (mm/dd/yyyy):	
Date (mm/dd/yyyy):	
	Authorized Officer signature
	Authorized Officer printed name
	Law Enforcement Agency

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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)	VEHICLE (If known)	
Birth Date (mm/dd/yyyy) or approximate age:	Make and Year (уууу):	
Height:	Type/Model:	
Weight:	Color:	
Hair Color:	Registration No. and State:	
Eye Color:		
Gender:		
Race: White Black Asian or Pacific Islander Ameri	can Indian/Alaskan Native 🗌 Other	
If you are unable to provide the above information, please list to anyone who can help the serving officer locate the defendant:	relow the name, address, and telephone number of	
ADDITIONAL INFORMATION		
Does the defendant own a firearm or other weapon? No	Yes	
If the defendant owns a firearm or other weapon, answer the fo		
Describe the weapon(s):	.	
Where is/are the weapon(s) usually kept? Include the a		
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):		
ADA Notice: The Maine Judicial Branch complies with the Americans v		
accommodation, contact the Court Access Coordinator, accessibility@		
Language Services: For language assistance and interpreters, contact a court clerk or interpreters@courts.maine.gov .		

PA-005, Rev. 09/25 Protection Order Service Information

Individually and on behalf of: Docket No.:		Plaintiff	DISTRICT COURT
Defendant	individually and on behalf of:		Location (Town):
V. Defendant		-	DOCKET NO
Defendant On behalf of:	on behalf of:	-	
Defendant On behalf of:		-	
Defendant On behalf of:	V	-	
AFFIDAVIT OF CONFIDENTIAL ADDRESS 19-A M.R.S. § 4112(1), 5 M.R.S. § 4556 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: Brail address:	v .		
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Physical address: Mailing address: Email address: Telephone number: Cell Home 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):			
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	COUNTY		
Date (mm/dd/yyyy):			
Attorney at Law Notary Public Clerk	Date (mm/dd/yyyy):		•
		<u>-</u>	Attorney at Law Notary Public Clerk
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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

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