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.	

Individually and on behalf of: Docket No.:		Plaintiff	DISTRICT COURT
U. Defendant CERTIFICATION FOR ELECTRONIC FILING OF COMPLAINT OR MOTION TO EXTEND PROTECTION ORDER PMO-SIC-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 advoce, 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 filling by email does not mean I am automatically protected. A judge must review my filling and decide whether to grant a temporary order or temporarily extend my existing protection order. 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 SWEAT 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	individually and on behalf of:	•	Location (Town):
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ADA Notice: The Maine Judicial Branch complies with the Americans with Disabilities Act (ADA). If you need a reasonable		13. 333 33 67 6616	
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PA-027, Rev. 04/24 Page 1 of 3
Certification for Electronic Filing of Complaint or
Motion to Extend Protection Order

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.

	•	erjury punishable by up to 5 years in prison and a fine of up to \$5,000.00 if I give false mation to the court."
	eFileMai within th	STAND that all documents filed by email must be in Word or PDF format. All documents filed by ne must be in PDF format, and each form/document must be submitted individually as separate files are same filing or "envelope". Photographs of documents and hyperlinks to documents will <u>not</u> be or reviewed by the court.
		e to all the above, you should go to the court to file in person. Please visit the following website for a y or town: https://www.courts.maine.gov/maine courts/findacourt/court by town.shtml
2.	To file electronal and needs to	o Schedule Call with Judge onically, you must provide a safe email for the court to contact you in case the judge has questions schedule a call with you. Not all cases will need a call with the judge. If you do not have a safe email, o to the court to file in person.
	Safe email: _	
	Check he	number:
3.	Court Selecti I want to file	tion this matter in (court location/town name) District Court.
		owing website for a list of courts by city or town: v.courts.maine.gov/maine_courts/findacourt/court_by_town.shtml
4.	Method of E	lectronic Filing (please select one option below)
		vant to file by email (this option is available for all courts, but only for complaints and motions to d without a filing fee).
	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 Region 3 (Farmington, Lewiston, Rumford, and South Paris District Courts):
	0	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 Region 6 (Belfast, Rockland, West Bath, and Wiscasset District Courts):
	0	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
		<u>regionoparinigs@courts.maine.gov</u>

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.

b. I want to file using eFileMaine (this option is ava only in the following District Courts: Bangor, Lewis	ailable for all complaints and motions to extend, but ston, South Paris, Farmington, and Rumford).
To file using eFileMaine, please visit: https://www.c	courts.maine.gov/ecourts/efile.html
5. Completing the Forms After you have completed this form, complete the other form harassment packet, or the motion to extend protection electronically file the completed packet, including this form regional email address or through eFileMaine. FILING CERTIFICATION. I hereby certify that there are good ground.	on order packet as instructed. You must then n, whether you are submitting the filing by email to the
to cause any delay.	
Date (mm/dd/yyyy):	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

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

individually and on behalf of:	_ Plaintiff _	DISTRICT COURT Location (Town): Docket No.:
on behalf of:	- - -	
V.		
on behalf of:	_ Defendant _	
☐ With red	uest for modif	ND ORDER FOR PROTECTION Fication of extended order 5 M.R.S. § 4655(2)
PLEASE NOTE: You must file form PA-02 rejection of the Motion.	7 if you are fili	ng this electronically. Failure to do so will result in
1. I obtained an Order for Protection ag That Order has not expired an	d will expire or	n (mm/dd/yyyy)
The Order expired on (mm/dd		
	good cause for	ection expired, the court may extend your order only if filing the motion after the order's expiration and that ount of time.)
 I believe that an extension of the Ord child(ren) for the following reasons: 	er for Protectio	on is necessary to protect me and/or my minor
ADA Notice: The Maine Judicial Branch complies accommodation, contact the Court Access Coord		ns with Disabilities Act (ADA). If you need a reasonable y@courts.maine.gov, or a court clerk.

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 AM PM at the court located 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 <u>after</u> 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 <u>not</u> 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)
(law enjoicement agency)

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Date (mm/dd/yyyy):	•
	Judge, District Court
	RETURN OF SERVICE
On (mm/dd/yyyy) Extend Order for Protection/Order of Extens	at AM PM, I made service of the Motion to sion by delivering a copy in hand to the defendant at:
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

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:	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:		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: Does the defendant have a history of violence?	Eye Color:	
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	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 defendants
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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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 .		
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: Home		Defendant	
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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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Telephone number:	Mailing address:		
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COUNTY Personally appeared the above-named, and made oath that the foregoing statements are true under penalty of perjury.			Signature of plaintiff defendant
Personally appeared the above-named, and made oath that the foregoing statements are true under penalty of perjury.		STATE OF I	MAINE
	COUNTY		
Date (mm/dd/yyyy):	Personally appeared the above-named, and made	de oath that the fo	oregoing statements are true under penalty of perjury.
Attorney at Law Notary Public Clerk	Date (mm/dd/yyyy):		•
		<u>-</u>	Attorney at Law Notary Public Clerk
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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	Domestic Violence Statewide 24/7 Hotline
1-800-871-7741	1-866-834-HELP
mecasa.org	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

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