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	
on behalf of:	Defendant	
on benan or.		
CERTIFICATION FOR ELECTRONIC FILIN	G OF COMPL	AINT OR MOTION TO EXTEND PROTECTION ORDER
Р	MO-SJC-3; M	.R.E.C.S. 31-40
PLEASE NOTE: This form is required only f	or complaint	s for a protection order or a motion to extend a
	-	remail or through eFileMaine). If you want to file in
person at a courthouse, you do not need to		
	·	
If you wish to speak to an advocate, you o	an call the fr	ee and confidential statewide hotline for the Maine
Coalition to End Domestic Violence at 1-8	66-834-4357	or the Maine Coalition Against Sexual Assault at 1-
800-871-7741.		
1. To file a complaint or motion to exten	nd in a proted	ction order case electronically, you must check that
you understand the following:		
	=	hone number and a safe email that I can check
		the clerk will contact me by email to (1) tell me if the
	•	ction, or (2) if needed, to schedule a time for me to call
the court so the judge can ask for	additional in	iformation.
LUNDERSTAND if the court school	dulas ma far s	a call with the judge (the defendant will not be on the
		I not be dismissed but my request for a temporary
order may be denied.	, my case wiii	mot be dismissed but my request for a temporary
oraci may we demed.		
I UNDERSTAND that filing by ema	ail does not m	nean I am automatically protected. A judge must review
		prary order or temporarily extend my existing
protection order.	•	,
protection order.		
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.

Page 1 of 3

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. а

	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 voicemail if you do not pick up.
3.	Court Selection
	I want to file this matter in (court location/town name) District Cour
	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
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).

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

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 COURT	
individually and on behalf of:	-	Location (Town):	
		Docket No.:	
	=		
on behalf of:	-		
	-		
	=		
V.			
	Defendant		
on behalf of:	-		
	_		
		ND ORDER FOR PROTECTION	
		ication of extended order	
19-A I	M.R.S. § 4111,	5 M.R.S. § 4655(2)	
NOTE: You must file form PA-027 if you ar of the Motion.	e filing this ele	ectronically. Failure to do so will result in rejection	
1 Lobtained an Order for Protection aga	inst the defend	dant from this court. That Order will expire on	
(mm/dd/yyyy)		dane from this court. That order will expire on	
(11111) (1111)	•		
2. I believe that an extension of the Orde	er for Protectio	on is necessary to protect me and/or my minor	
child(ren) for the following reasons:			
, ,			
THEREFORE, I ask the court to:			
(a) Extend my Order for Protection ag	ainst the defer	ndant for (length of extension requested):	

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(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.
Date (<i>mm/dd/yyyy</i>):
Signature of Plaintiff
PLEASE NOTE: If you are <u>not</u> 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.
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
Clerk receive,
NOTICE OF HEARING
The parties are notified that the hearing in this matter is set for (mm/dd/yyyy)
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.

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EX PARTE ORDER EXTENDING ORDER FOR PROTECTION

The hearing on the motion to extend is scheduled after th protection. The court hereby extends the order for protection	
The hearing on the motion to extend is scheduled before to protection. If the court reschedules the hearing to a date after order will automatically be extended until the hearing on the	r the expiration of the order for protection, the
Copies of this Order shall be furnished by the clerk to the law location of the plaintiff's residence.	enforcement agency with jurisdiction in the
It is ORDERED that a copy of this Order be served on the defe	ndant by:
	(law enforcement agency)
Date (mm/dd/yyyy):	
	udge, District Court
On (mm/dd/yyyy) at at st at at Extend Order for Protection/Order of Extension by delivering	
Defendant's date of birth (mm/dd/yyyy): Date (mm/dd/yyyy):	
	outhorized Officer signature
	authorized Officer printed name
L	aw Enforcement Agency

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PROTECTION ORDER SERVICE INFORMATION

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): Make and Year (yyyy): Height: Type/Model: Weight: 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):
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: Mon PM to MMPM PHYSICAL DESCRIPTION (If known) Birth Date (mm/dd/yyyy): Make and Year (yyyy): Height: Type/Model: Weight: Color: Registration No. and State: Eye Color: Gender: Race: Mhite 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 own a firearm or other weapon, answer the following questions: Describe the weapon(s):
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): Height: Type/Model: Weight: 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):
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Name of Employer: Work Address: Work Schedule:
Work Address: Work Schedule:
Work Address: Work Schedule:
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):
Birth Date (mm/dd/yyyy): Make and Year (yyyy): Type/Model: Type/Model: Color: Registration No. and State:
Height:
Height:
Weight: 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):
Hair Color: Registration No. and State: Eye Color: Gender: 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):
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):
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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 there anything else the serving officer should know about the defendant:
PLAINTIFF
Plaintiff's Name:
Address (unless confidential):
Telephone: home/work/cell (unless confidential):

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individually and on behalf of:	Plaintiff	DISTRICT COURT Location (Town):	
marvidually and on schall of.		Docket No.:	
on behalf of:			
V.			
	Defendant		
on behalf of:			
	DAVIT OF CONFIDE M.R.S. § 4112(1),		
domestic violence or sexual assault community	agency to call you	court cannot give your information to an advocate from a a. An advocate can help you find legal help, explain what an advocate, call one of the numbers on the second page of	
I am the plaintiff defendant in this case ar	nd I request that th	ne court keep the following information confidential:	
Physical address:			
Email address:			
Telephone number:			
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:			
made for use as evidence in court and that I am s fine of up to \$5,000 if I give false information to	subject to prosecu ^r the court.	true and correct. I understand that these statements are tion for perjury punishable by up to 5 years in prison and a	
Date (mm/dd/yyyy):	_	Signature of plaintiff defendant	
	STATE OF M		
COUNTY			
		regoing statements are true under penalty of perjury.	
Date (mm/dd/yyyy):	•		
		Attorney at Law Notary Public Clerk	
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For help locating emergency services in your area, call 2-1-1.

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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

How can an advocate help me?

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- 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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