

## MAINE JUDICIAL BRANCH

### DIVORCE WITH MINOR CHILDREN CASES: What to do with these Court Forms

#### Here are a few tips for filling out the forms:

- Always use full legal names, not nicknames.
- Type or print neatly.
  - Fillable versions of the forms are available on our website at: [http://courts.maine.gov/fees\\_forms/forms](http://courts.maine.gov/fees_forms/forms).
- You will file each form with the Court. Before you do that, make copies of your completed forms—one for yourself and one copy for each of the other parties. You will need to find a place to make copies (like a library). The court clerk cannot make copies for you.

#### STEP ONE: Fill out the Forms

##### **Family Matter Summary Sheet (FM-002)**

This form is required for the clerk to start an action. In order to fill out this form you need to enter contact information for yourself and for the defendant.

##### **Complaint for Divorce (FM-004)**

The section at the top of the form is called the "caption." Fill in the location of the District Court (for example: "Bangor"). The clerk will fill in the docket number later. You are the plaintiff and your spouse is the defendant. Write your full legal name in the blank before "Plaintiff." Write your spouse's full name in the blank before "Defendant." If you or your spouse owns a house or other real estate or land, check the box next to "Title to Real Estate Involved." **You should check this box even if title to the real estate is only in one party's name.** Fill in the other blanks on the form. Near the end, where it says, "Plaintiff requests," check all the boxes that apply. (If you are not sure, check the box; you can drop that request later.) You must sign this form in front of a notary public. You can find a notary at a bank, a legal services office, through your own town office, or at the court clerk's office. **Please note: parties must use the same form whether or not the divorce involves minor children.**

##### **Family Matter Summons and Preliminary Injunction (FM-038)**

You must use the **original** form you got from the clerk. It has the clerk's original signature and seal. You cannot use a photocopy or on-line version of this form.

Fill out the "caption" as you did on the complaint. Fill in the name and address of the court. Date and sign the form. Leave the spaces on the third page empty.

##### **Social Security Number Disclosure Form (CV-CR-FM-PC-200)**

You are required by both state and federal law to provide your social security number along with your children's social security numbers. This information is collected on the Social Security Number Disclosure form, which will be confidential in the court file. This form is included in your packet.

##### **Child Support Affidavit (FM-050)**

Fill out the "caption" the same way that you did on the complaint form. Fill out the rest of the form to the best of your knowledge. Note that you list last year's earned income and this year's expected earned income separately under #1. Also note that you list other income under #2 and fringe benefits under #3. You may have to look at your records to get

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financial information. You must sign this form in front of a notary public. After the defendant gets your complaint, the Court will ask the defendant to fill out the same financial form and send you a copy.

### Notice Regarding Electronic Service (CR-CV-FM-255)

This packet contains **two** copies of this form. **You have the choice** to allow the opposing party to serve documents on you by email. To do this, you must complete one of the copies of the Notice Regarding Electronic Service (CR-CV-FM-255) and include that in the packet of forms that you serve on the opposing party. Make sure to also include the second blank copy of this form in the packet of forms that you serve on the opposing party. If the opposing party wants to allow you to serve documents by email, the opposing party must complete the form and send it back to you. Do **not** file this form with the court.

**PLEASE NOTE:** Receiving filings by email in your case is **completely optional**. If you wish to receive paper filings in your case, you do **not** have to complete this form. However, if you do complete the form, you do **not** need to file it with the court.

### STEP TWO: Serve the Forms

Now you must give copies to the defendant. This is called "serving" the court papers. Court rules say you can do this in one of three ways: (1) You can mail the papers, asking the defendant to agree to "service;" (2) you can send the papers by certified mail, restricted delivery; or (3) you can pay a sheriff to give the copies to the defendant. You must file proof of service with the court.

#### Service by Mail

Mail or hand-deliver these papers to the defendant:

- Copy of Complaint
- Copy of Summons and Preliminary Injunction
- Copy of Child Support Affidavit
- Two copies of Acknowledgment of Receipt of Summons and Complaint (after you have filled in the "caption" on both copies)
- Blank copy of the Notice Regarding Electronic Service (CR-CV-FM-255)
- Completed copy of the Notice Regarding Electronic Service (CR-CV-FM-255) (only if you want to agree to email receipt of documents filed by the opposing party in your case)
- Stamped, self-addressed envelope

The Acknowledgment of Receipt form asks the other party to sign it, showing that the other party got the papers, and to return the form to you within 20 days. If you get the signed Acknowledgment back within 20 days, go on to Step 3. If not, then you will need to serve the papers another way.

#### Service by Certified Mail, Restricted Delivery

Take these papers to the post office along with an envelope:

- Copy of Complaint
- Copy of Summons and Preliminary Injunction
- Copy of Child Support Affidavit
- Blank copy of the Notice Regarding Electronic Service (CR-CV-FM-255)
- Completed copy of the Notice Regarding Electronic Service (CR-CV-FM-255) (only if you want to agree to email receipt of documents filed by the opposing party in your case)

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Tell the postal clerk that you want to send the papers by certified mail. Make sure you ask for a "Return Receipt" and "Restricted Delivery." This costs more and involves a few extra steps. Get forms and help from your post office. File with the court clerk the green card you get back from the post office, to prove that the other party got the papers.

### Service by Sheriff

Mail or take to your county sheriff's office:

- Copy of Complaint
- The original Summons and Preliminary Injunction, plus one copy
- Copy of Child Support Affidavit
- Blank copy of the Notice Regarding Electronic Service (CR-CV-FM-255)
- Completed copy of the Notice Regarding Electronic Service (CR-CV-FM-255) (only if you want to agree to email receipt of documents filed by the opposing party in your case)

In a letter, or in person, ask the sheriff's office to serve the papers on the other party (the defendant). Give the defendant's home address. If you think the defendant will be hard to find at home, give the defendant's work address. The deputy who "serves" the papers will complete page two of the Summons and return the original to you. There is a charge for this service - please contact the sheriff's office for the county where the defendant lives to get information on costs of service.

### **STEP THREE: File the Forms**

Within 20 days after serving the other party, file these forms with the court:

- ☐ **Summary Sheet**
- ☐ **Complaint**
- ☐ **SSN Disclosure Form**
- ☐ **Child Support Affidavit**
- ☐ **Summons** (REQUIRED regardless of how service was completed, and should be filed with deputy's signature if you used sheriff's service)
- ☐ **Acknowledgment of Receipt** (if you used service by mail)
- ☐ **Green card you got back from the post office** (if you used certified mail for service)

***PLEASE NOTE: you must file at least one type of proof of service for each party to the case.***

The Court charges a fee to file your papers. Later you may be charged a mediation fee (shared by the parties). If you cannot afford the court fees, you may ask the clerk for an Application to Proceed Without Payment of Fees and an Affidavit. Then file the forms with the clerk along with your other papers. A judge will review your financial information and decide whether you qualify for a "fee waiver." If the waiver is denied, you must pay the filing fee within 7 days. If the waiver is granted, you will not have to pay some or all of the court fees.

### **WHAT IS NEXT?**

Once the court receives a complete filing, the clerk will schedule the first court event with a family law magistrate (for cases with children) or judge (for cases without children). **For more information on this and the rest of the court process, please visit the Family and Children page at the Maine Judicial Branch website listed below or read "A Guide to Family Separation in Maine" that is provided to every party at the start of a case.**

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### Forms required after initial filing:

Whenever you file with the court any of these forms, or any other document, you **must** send a copy to the opposing party.

#### **Financial Statement (FM-043)**

You must file a Financial Statement if you and the defendant disagree about how to divide your property, about spousal support (alimony), or about attorney's fees. This form is available on the Judicial Branch's website at: [http://courts.maine.gov/fees\\_forms/forms/index.shtml](http://courts.maine.gov/fees_forms/forms/index.shtml) or from any District Court Clerk's office. After filling it out, file it with the clerk and send a copy to the defendant. The defendant must also file one of these forms and give you a copy. There will be a court order setting the deadline for the filing of this form.

#### **Certificate in Lieu of Financial Statement (FM-042)**

If there is no dispute about personal property, real estate, spousal support or attorney's fees, you should file the Certificate in Lieu of Financial Statement. This form is available online at: [http://courts.maine.gov/fees\\_forms/forms/index.shtml](http://courts.maine.gov/fees_forms/forms/index.shtml) or from any District Court Clerk's office. After filling it out, file it with the clerk and send a copy the defendant.

#### **Certificate Regarding Real Estate (FM-056)**

In every divorce action in which a party has an interest in real estate, each party must file with the Court a Certificate Regarding Real Estate (FM-056), **at least 7 days before the final hearing**, containing the following information: the street address of the property, the date of the Deed and which parties' name are on the Deed, the book and page number of the applicable Registry of Deeds where the Deed is recorded, the date of the parties' marriage, and whether the property was acquired by gift or inheritance.

#### **Federal Affidavit (FM-052)**

If the defendant has not entered an appearance or appeared in court for the divorce proceedings at the time of the final hearing, the plaintiff must file a Federal Affidavit (FM-052) stating under oath that the defendant is not serving in the military or an affidavit signed by defendant waiving rights conferred by the Service Members Civil Relief Act.

#### **Child Support Worksheet (FM-040) and, if applicable, Supplemental Worksheet (FM-040-A)**

Parties must complete a Child Support Worksheet (FM-040) and file it with the Court no later than 3 days prior to a court hearing, whether contested or uncontested. It is recommended that a party file a Child Support Worksheet with their Child Support Affidavit at the time of filing. There are instructions on the worksheet for how to complete it. Parties who share substantially equal care of the minor child(ren) as defined in 19-A M.R.S. § 2006(5)(D-1) must also complete and file a Supplemental Worksheet (FM-040-A) at the same time they file a Child Support Worksheet.

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**HELPFUL RESOURCES**

**A Guide to Family Separation in Maine:** This guide will help you better understand the court process in family law cases such as divorce and parental rights and responsibilities (PR&R) cases. PR&R cases involve parties who have a child but are not married. You can get a copy of this guide at the court or access it online [www.courts.maine.gov](http://www.courts.maine.gov).

**Maine Judicial Branch website:** The Families and Children page of the website includes information on many different types of family cases. Please visit that page for information on what to expect from the court process and issues that may come up in your case.

**Mediation:** A mediator may be able to help you and the other party or parties reach an agreement on issues relating to your case. Mediation can be arranged through the court or a private mediator.

**Parent education:** A parent education program specifically designed for divorcing or separating parents may help you focus on the needs of your children. The court may order you to attend one of these programs.

**Child Support Table:** These guidelines, by law, are issued by DHHS and are used to help determine child support obligations according to income. This table is available online at: [http://courts.maine.gov/fees\\_forms/forms/index.shtml](http://courts.maine.gov/fees_forms/forms/index.shtml) or from any District Court clerk's office.

For more information about these resources, speak with the court clerk or visit the Maine Judicial Branch website at: [www.courts.maine.gov](http://www.courts.maine.gov).

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## FAMILY AND PROBATE MATTER SUMMARY SHEET

This form is used for entering basic information about the case and the parties into court records. You must complete and file this form with the Clerk when you file your Complaint or Motion.

**PLEASE NOTE:** You are not required to give a copy of this form to the other party.

**COURT LOCATION** (where you are filing this action):

**TYPE OF ACTION** (*select one*):

- |   |   |
|---|---|
| <input type="checkbox"/> Divorce – real estate involved                         | <input type="checkbox"/> Divorce – no real estate                   |
| <input type="checkbox"/> Parental Rights & Responsibilities (unmarried parents) | <input type="checkbox"/> Parentage (determining parents of a child) |
| <input type="checkbox"/> Judicial Separation                                    | <input type="checkbox"/> Annulment                                  |
| <input type="checkbox"/> Adoption of a minor                                    | <input type="checkbox"/> Guardianship of a minor                    |
| <input type="checkbox"/> Name change of a minor                                 | <input type="checkbox"/> Registration of foreign judgment or order  |
| <input type="checkbox"/> Other family matter                                    |   |

**TYPE OF FILING** (*select one*):

- ☐ Original proceeding ☐ Case transferred from probate court. Original docket number:

- ☐ Post-Judgment Motion: Original docket number: \_\_\_\_\_
- ☐ to Modify ☐ to Enforce ☐ for Contempt ☐ to Terminate Parental Rights
- ☐ Other:

**Plaintiff/Petitioner Information:** (Person starting the action or if post-judgment, name of person who was the plaintiff or petitioner in the original case.)

Name: First	Middle	Last	Maiden
Mailing Address:		City	State Zip
Physical Address:		City	State Zip
Gender:	Date of Birth ( <i>mm/dd/yyyy</i> ):	SS Number Disclosure Required on separate form	
Home Telephone:		Work Telephone:	
Email:			
Attorney's Name:		Bar ID#:	

**Plaintiff/Petitioner Information:** (A second plaintiff or petitioner, or person starting the case, if applicable.)

Name: First	Middle	Last	Maiden
Mailing Address:		City	State Zip
Physical Address:		City	State Zip
Gender:	Date of Birth ( <i>mm/dd/yyyy</i> ):	SS Number Disclosure Required on separate form	

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Home Telephone:	Work Telephone:
Email:	
Attorney's Name:	Bar ID#:

**Defendant/Respondent Information:** (Person being served or if post-judgment, name of person who was the defendant or respondent in the original case.)

Name: First	Middle	Last	Maiden
Mailing Address:		City	State Zip
Physical Address:		City	State Zip
Gender:	Date of Birth (mm/dd/yyyy):	SS Number Disclosure Required on separate form	
Home Telephone:		Work Telephone:	
Email:			
Attorney's Name:		Bar ID#:	

**Defendant/Respondent Information:** (A second defendant or respondent, or person being served, if applicable.)

Name: First	Middle	Last	Maiden
Mailing Address:		City	State Zip
Physical Address:		City	State Zip
Gender:	Date of Birth (mm/dd/yyyy):	SS Number Disclosure Required on separate form	
Home Telephone:		Work Telephone:	
Email:			
Attorney's Name:		Bar ID#:	

**Other Party Information:** (if applicable):

Name: First	Middle	Last	Maiden
Mailing Address:		City	State Zip
Physical Address:		City	State Zip
Gender:	Date of Birth (mm/dd/yyyy):	SS Number Disclosure Required on separate form	
Home Telephone:		Work Telephone:	
Email:			
Attorney's Name:		Bar ID#:	

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**Minor Children** (of above parties):

Full name

Date of Birth  
(mm/dd/yyyy)

Gender

			SS Number Disclosure Required
			SS Number Disclosure Required
			SS Number Disclosure Required
			SS Number Disclosure Required
			SS Number Disclosure Required
			SS Number Disclosure Required

**Parentage Issues** (if any):

☐ The child(ren) do not have any other acknowledged, adjudicated, intended, de facto, or presumed parents.

**OR**

☐ The child(ren) have an acknowledged, adjudicated, intended, de facto, or presumed parent. (You must complete a separate summary sheet for every additional parent that your child has, and all parents must be served with a copy of the Complaint and made a party to your action.)

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

Signature of ☐ party ☐ party's attorney

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Plaintiff

DISTRICT COURT

Location (Town):

Docket No.:

V.

Defendant

## COMPLAINT FOR DIVORCE

☐ With minor children ☐ No minor children

☐ Title to real estate is involved

19-A M.R.S. §§ 901-954, 1501-1510, 1653, 1843, 2001-2012

**PLEASE NOTE: If either party wishes to keep an address confidential, that party may complete an Affidavit for Confidential Address (FM-057).** This form is available at the Clerk's Office or at [www.courts.maine.gov](http://www.courts.maine.gov).

1. Plaintiff was lawfully married to defendant in (town) \_\_\_\_\_, (county) \_\_\_\_\_, (state) \_\_\_\_\_, on (mm/dd/yyyy) \_\_\_\_\_.

2. Plaintiff now resides in (town) \_\_\_\_\_, (county) \_\_\_\_\_, (state) \_\_\_\_\_.

**Please write "confidential" in the space above if you are filing an Affidavit for Confidential Address.**

3. ☐ Defendant now resides in (town) \_\_\_\_\_, (county) \_\_\_\_\_, (state) \_\_\_\_\_.

**OR**

☐ Residence of the defendant is unknown and the plaintiff has used reasonable efforts and cannot locate the defendant.

4. The Court has jurisdiction because (check all that apply):

☐ Plaintiff resided in Maine in good faith for six months before filing this complaint;

☐ Plaintiff is a resident of Maine and the parties were married in Maine;

☐ Plaintiff is a resident of Maine and the parties resided in Maine when the grounds for divorce arose; and/or

☐ Defendant is a resident of Maine.

5. ☐ Neither plaintiff nor defendant has filed for divorce, judicial separation, or annulment from the other before this complaint, **OR**

☐ A complaint for divorce or annulment was filed before in (Court name, town and state of Court)

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

That case:

☐ Was dismissed on (mm/dd/yyyy) \_\_\_\_\_.

☐ Is still pending.

6. The parties have personal property, **AND**

☐ Either or both parties has/have an interest in real estate, (file and exchange FM-056).

☐ Neither party has an interest in real estate.

7. Plaintiff lists the following grounds for divorce:

☐ Irreconcilable marital differences exist between the parties.

☐ Other \_\_\_\_\_.

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IF THIS CASE DOES NOT INVOLVE MINOR CHILDREN, PLEASE SKIP TO NUMBER 15.

8. Plaintiff and defendant are the parents of the following children:

Full name	Date of birth (mm/dd/yyyy)	Present address(es) (do not list if confidential to other party)

9. List below where and with whom the child(ren) have lived within the **past 5 years**, in order from the most recent, 19-A M.R.S. § 1753 (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 (do not list if confidential to other party)	Dates lived with that person (mm/yy) – (mm/yy)	Town/State where child(ren) lived with that person

10. Other possible parents (*check one*):

☐ The child(ren) do not have any other acknowledged, adjudicated, intended, de facto, or presumed parents.

OR

☐ The child(ren) have another acknowledged, adjudicated, indented, de facto, or presumed parent.

## Quick Reference Guide:

An **acknowledged** parent is a person who signed a valid acknowledgment of parentage with the intent to establish parentage. 19-A M.R.S. § 1861.

An **adjudicated** parent is a person determined to be a parent of the child by a court order. 19-A M.R.S. § 1832(2). A

**presumed** parent is a person who was married to the other parent when the child was conceived or born; or a person that resided in the same household with the child and openly held out the child as that person's own from the time the child was born or adopted and for a period of at least 2 years thereafter and assumed personal, financial, or custodial responsibilities for the child. 19-A M.R.S. § 1881.

A **biological** parent is a person who is the genetic parent of the child.

A **de facto** parent is a person who is recognized as a parent of the child. A person seeking to be adjudicated a de facto parent of a child must complete and file **FM-232** (instead of this complaint) with an affidavit alleging under oath specific facts to support the existence of a de facto parent relationship with the child. 19-A M.R.S. § 1891.

An **intended** parent is a person married or unmarried, who manifests an intent to be legally bound as the parent of a child resulting from assisted reproduction or a gestational carrier agreement. In the case of a married couple, any reference to an intended parent includes both spouses. 19-A M.R.S. §§ 1921-1939.

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11. No one other than the plaintiff or defendant has physical custody of the child(ren), or claims to have custody or visitation rights with respect to the child(ren) except:

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12. Plaintiff has not been involved in any way in, and has no information about, another Court case in Maine or in any other state concerning custody of the minor child(ren) except as follows:

☐ Protection from Abuse (provide docket number): \_\_\_\_\_

☐ Probate matter (provide docket number): \_\_\_\_\_

☐ Other (describe what kind of case and provide docket number): \_\_\_\_\_

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13. If you are asking that the court change the child(ren)'s names, please explain why there is good cause to do so (19-A M.R.S. § 1843(3)). If this does not apply, please leave blank:

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14. ☐ No public assistance benefits (MaineCare or TANF) have ever been received for the child(ren).

**OR**

☐ Public assistance benefits (MaineCare or TANF) have been, are now, or will be received for the child(ren).

**AND**

☐ The Department of Health and Human Services **has** issued a child support order regarding the child(ren). *(If such an order has been issued, a copy of the order must be attached to this complaint.)*

15. **PLAINTIFF REQUESTS** that a divorce be granted and that the Court *(check all that apply)*:

☐ Set apart the non-marital property to each party and divide the marital property (file and exchange FM-043);

☐ Order that spousal support be paid to plaintiff by defendant (file and exchange FM-043);

☐ Award reasonable attorney fees to plaintiff's attorney (file and exchange FM-043);

☐ Change plaintiff's name to: \_\_\_\_\_; and

***If the parties have minor children:***

☐ Determine parental rights and responsibilities for the minor child(ren) pursuant to 19-A M.R.S. § 1653, including child support (file and exchange FM-050); and/or

☐ Change the child(ren)'s names as follows:

- A. The child's name is \_\_\_\_\_. I ask that the child's name be changed to \_\_\_\_\_.
- B. The child's name is \_\_\_\_\_. I ask that the child's name be changed to \_\_\_\_\_.
- C. The child's name is \_\_\_\_\_. I ask that the child's name be changed to \_\_\_\_\_.
- D. The child's name is \_\_\_\_\_. I ask that the child's name be changed to \_\_\_\_\_.
- E. The child's name is \_\_\_\_\_. I ask that the child's name be changed to \_\_\_\_\_.
- F. The child's name is \_\_\_\_\_. I ask that the child's name be changed to \_\_\_\_\_.

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☐ 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): \_\_\_\_\_



\_\_\_\_\_  
Plaintiff's Signature

Plaintiff's Attorney: \_\_\_\_\_

Maine Bar No.: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Plaintiff: \_\_\_\_\_

☐ Address is confidential (if so, leave blank below)

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Home phone: \_\_\_\_\_

Cell phone: \_\_\_\_\_

Email: \_\_\_\_\_

### STATE OF MAINE

\_\_\_\_\_  
County

Personally appeared the above named plaintiff, \_\_\_\_\_, 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

**PLEASE NOTE: Defendant has 21 days after being served with this complaint to file an answer with the court. In addition, each defendant must provide copies of all filings to every other party.**

**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](mailto:accessibility@courts.maine.gov), or a court clerk.

**Language Services:** For language assistance and interpreters, contact a court clerk or [interpreters@courts.maine.gov](mailto:interpreters@courts.maine.gov).

## MAINE JUDICIAL BRANCH

Plaintiff(s)

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

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

Court 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.****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](mailto:accessibility@courts.maine.gov), or a court clerk.**Language Services:** For language assistance and interpreters, contact a court clerk or [interpreters@courts.maine.gov](mailto:interpreters@courts.maine.gov).

Complete the caption that applies to your case:

☐ \_\_\_\_\_ Plaintiff/Petitioner

V.

\_\_\_\_\_ Defendant/Respondent

\_\_\_\_\_ Other Party

"X" the court for filing:

☐ Superior Court ☐ District Court☐ Unified Criminal Docket☐ Supreme Judicial Court

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

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

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

OR

☐ IN RE: \_\_\_\_\_**NOTICE REGARDING ELECTRONIC SERVICE**

**NOTICE TO PARTIES:** All parties who are represented by an attorney are subject to the requirements of Electronic Service under Rule 5 of the Maine Rules of Civil Procedure, and Rule 49(d) of the Maine Rules of Unified Criminal Procedure.

**OPT IN:** If you do not have an attorney, papers that must be served on you by other parties in this case will be sent to you through the regular mail to your address of record. But **you have a choice** to allow other parties to serve you by sending documents electronically to your designated email address.

**PLEASE NOTE:** Any electronic service that you opt into applies only to papers served on you by other parties. It does not apply to documents that are sent to you by the court or documents that you file with the court.

**Even if you opt in to allow service by email, you can only send documents to the other parties by email if (1) they also opt in by completing this form, and (2) you can scan and create .pdf files of documents.**

**If you choose not to opt in, you do not need to do anything.** If you would like to receive papers electronically, you must meet the requirements set forth below. Check the appropriate box(es), sign, and mail or email the form to all other parties in the case. Do not file this form with the Court.

☐ **Electronic Receipt:** I choose to OPT IN to allow other parties to email me documents in this case. I have reviewed and meet all of the following electronic receipt requirements:

- ☐ I have a trusted email account and I have daily access to this account;
- ☐ I understand that **I will receive time-sensitive documents** through this email address including documents that may require me to take action in this case;
- ☐ This email account has available electronic storage of at least 1 gigabyte;
- ☐ This email account accepts emails with attachments of up to 10 megabytes; and
- ☐ I will be able to maintain this email account throughout this case.

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



\_\_\_\_\_  
Signature of Self-Represented Party  
(You do not have to print and sign this form. Typing your name above after /s/ will be accepted as an electronic signature.)

Print name: \_\_\_\_\_

Print email address: \_\_\_\_\_

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Complete the caption that applies to your case:

☐ \_\_\_\_\_ Plaintiff/Petitioner

V.

\_\_\_\_\_ Defendant/Respondent

\_\_\_\_\_ Other Party

"X" the court for filing:

☐ Superior Court ☐ District Court☐ Unified Criminal Docket☐ Supreme Judicial Court

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

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

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

OR

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**Even if you opt in to allow service by email, you can only send documents to the other parties by email if (1) they also opt in by completing this form, and (2) you can scan and create .pdf files of documents.**

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- ☐ I have a trusted email account and I have daily access to this account;
- ☐ I understand that **I will receive time-sensitive documents** through this email address including documents that may require me to take action in this case;
- ☐ This email account has available electronic storage of at least 1 gigabyte;
- ☐ This email account accepts emails with attachments of up to 10 megabytes; and
- ☐ I will be able to maintain this email account throughout this case.

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



\_\_\_\_\_  
 Signature of Self-Represented Party  
 (You do not have to print and sign this form. Typing your name above after /s/ will be accepted as an electronic signature.)

Print name: \_\_\_\_\_

Print email address: \_\_\_\_\_

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## MAINE JUDICIAL BRANCH

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

Plaintiff  
 Defendant

*"X" the court for filing:*  
☐ Superior Court ☐ District Court  
 County: \_\_\_\_\_  
 Location (Town): \_\_\_\_\_  
 Docket No.: \_\_\_\_\_

## ACKNOWLEDGMENT OF RECEIPT OF SUMMONS AND COMPLAINT OR POST-JUDGMENT MOTION

M.R. Civ. P. 4(c)(1)

## NOTICE

Please sign the acknowledgment below and return this form in the enclosed self-addressed stamped envelope so it will be received by the sender within 20 days from the day it was mailed to you. If you do not do this, you may be required by the Court to pay for the cost of serving the Summons and Complaint or Post-Judgment Motion on you.

**(Keep one copy of this form and the copy of the Complaint or Motion for your records.)**

## STATEMENT

By signing, dating and returning this form, I state that I received a copy of the Summons and Complaint or a copy of the Post-Judgment Motion and that:

**AS TO ALL CIVIL COURT CASES, INCLUDING DIVORCE, JUDICIAL SEPARATION AND PARENTAL RIGHTS & RESPONSIBILITIES,** I understand that if I do not file an answer to the Complaint or an objection to the Motion within the time limits established by statute or court rule and appear at all court conferences and hearings, then a judgment may be entered against me in my absence, and Plaintiff or the moving party may request that other orders be entered against me.

**AS TO DIVORCE, JUDICIAL SEPARATION, AND PARENTAL RIGHTS & RESPONSIBILITIES CASES,** I understand that if I do not want to file an Answer to the Complaint, but I do want to be heard on issues of parental rights and responsibilities regarding my children, alimony, support, counsel fees and division of marital and non-marital property, I must file an Entry of Appearance form and appear at all court conferences and hearings. I may file an Answer and Counterclaim (Forms FM-186/FM-187) to a divorce or parental rights and responsibilities' complaint. If I intend to file an Answer and Counterclaim, I understand it must be filed within 20 days of being served with the complaint. You can get an Answer and Counterclaim at any District Court or at [www.courts.maine.gov](http://www.courts.maine.gov).

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



\_\_\_\_\_  
 Signature

Printed Name: \_\_\_\_\_

☐ Attorney for: \_\_\_\_\_

Bar No. (if applicable): \_\_\_\_\_

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

Phone: (       ) \_\_\_\_\_

Email: \_\_\_\_\_

**IMPORTANT WARNING: You are responsible for notifying the court clerk of any changes to your address and telephone number. If you do not inform the clerk of any changes to either your address or telephone number, it may not be possible for you to get notices of court conferences and hearings.**

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## MAINE JUDICIAL BRANCH

\_\_\_\_\_  
Plaintiff

"X" the court for filing:

☐ Superior Court ☐ District Court

V.

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

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

\_\_\_\_\_  
Defendant

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

## ACKNOWLEDGMENT OF RECEIPT OF SUMMONS AND COMPLAINT OR POST-JUDGMENT MOTION

M.R. Civ. P. 4(c)(1)

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**(Keep one copy of this form and the copy of the Complaint or Motion for your records.)**

## STATEMENT

By signing, dating and returning this form, I state that I received a copy of the Summons and Complaint or a copy of the Post-Judgment Motion and that:

**AS TO ALL CIVIL COURT CASES, INCLUDING DIVORCE, JUDICIAL SEPARATION AND PARENTAL RIGHTS &**

**RESPONSIBILITIES,** I understand that if I do not file an answer to the Complaint or an objection to the Motion within the time limits established by statute or court rule and appear at all court conferences and hearings, then a judgment may be entered against me in my absence, and Plaintiff or the moving party may request that other orders be entered against me.

**AS TO DIVORCE, JUDICIAL SEPARATION, AND PARENTAL RIGHTS & RESPONSIBILITIES CASES,** I understand that if I do not want to file an Answer to the Complaint, but I do want to be heard on issues of parental rights and responsibilities regarding my children, alimony, support, counsel fees and division of marital and non-marital property, I must file an Entry of Appearance form and appear at all court conferences and hearings. I may file an Answer and Counterclaim (Forms FM-186/FM-187) to a divorce or parental rights and responsibilities' complaint. If I intend to file an Answer and Counterclaim, I understand it must be filed within 20 days of being served with the complaint. You can get an Answer and Counterclaim at any District Court or at [www.courts.maine.gov](http://www.courts.maine.gov).

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

\_\_\_\_\_  
Signature

Printed Name: \_\_\_\_\_

☐ Attorney for: \_\_\_\_\_

Bar No. (if applicable): \_\_\_\_\_

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

Phone: (       ) \_\_\_\_\_

Email: \_\_\_\_\_

**IMPORTANT WARNING:** You are responsible for notifying the court clerk of any changes to your address and telephone number. If you do not inform the clerk of any changes to either your address or telephone number, it may not be possible for you to get notices of court conferences and hearings.

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MAINE JUDICIAL BRANCH

\_\_\_\_ Plaintiff  
V.  
\_\_\_\_ Defendant

DISTRICT COURT  
Location (Town): \_\_\_\_\_  
Docket No.: \_\_\_\_\_

FEDERAL AFFIDAVIT  
50 U.S.C. § 3911

**UNDER OATH** and subject to the penalties of perjury, I hereby state on my own knowledge and belief that:

As of the date of this Affidavit, defendant is not in the Military Service of the United States, as defined in the Servicemember's Civil Relief Act of 2003, (50 U.S.C. § 3911), based on the following facts:

- ☐ Defendant resides in Maine in the Town of \_\_\_\_\_; or  
☐ Defendant is employed at (*name of employer*) \_\_\_\_\_  
in Maine in the Town of \_\_\_\_\_; or  
☐ Other facts showing defendant is not in the military \_\_\_\_\_.

**AND**

this action has been filed in the proper court because:

- ☐ Plaintiff resides in Maine in the Town of \_\_\_\_\_; or  
☐ Defendant resides in Maine in the Town of \_\_\_\_\_.

☐ 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 ☐ plaintiff's attorney

STATE OF MAINE

\_\_\_\_\_ County

Personally appeared the above named plaintiff, \_\_\_\_\_, 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

**NOTICE: This form must be filed if the defendant has failed to answer the complaint or file a notice of appearance.**

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# MAINE JUDICIAL BRANCH

Plaintiff

DISTRICT COURT

Location (Town):

Docket No.:

V.

Defendant

☐ PLAINTIFF'S ☐ DEFENDANT'S  
FINANCIAL STATEMENT

**PLEASE NOTE:** If either party wishes to keep an address confidential, that party may complete an Affidavit for Confidential Address (FM-057). This form is available at the Clerk's Office or at [www.courts.maine.gov](http://www.courts.maine.gov).

## INSTRUCTIONS

The financial statement consists of two parts: Part 1, Assets and Debts of Both Parties; and Part 2, Income and Expenses (of the party completing this statement). You **must** complete Part 1. Complete Part 2 **only** if spousal support (alimony) or attorney fees are involved in your case. You must sign and file the original version of this financial statement with the court and send a copy to the other party three (3) business days before mediation, or as otherwise ordered by the Court.

**IMPORTANT:** If you intentionally or recklessly enter inaccurate or misleading information on this form, the court may order penalties and sanctions, including court costs and attorney fees.

☐ Check here if you have attached additional page(s) because you need more space to complete one or more sections of this form.

## PART 1 – ASSETS AND DEBTS OF BOTH PARTIES

### 1. Parties' Assets

a. **Real Estate** (Enter information about real estate held by both parties together or individually):

	Address	Name(s) on Title	County Recorded, Book and Page	Date Acquired (mm/dd/yyyy)	Fair Market Value	Debt Owed	Non-marital
1.					\$	\$	<input type="checkbox"/> Y <input type="checkbox"/> N
2.					\$	\$	<input type="checkbox"/> Y <input type="checkbox"/> N
3.					\$	\$	<input type="checkbox"/> Y <input type="checkbox"/> N
4.					\$	\$	<input type="checkbox"/> Y <input type="checkbox"/> N
5.					\$	\$	<input type="checkbox"/> Y <input type="checkbox"/> N

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# MAINE JUDICIAL BRANCH

- b. **Motor Vehicles** (Enter information about your and your spouse's motor vehicles, including cars, boats, trailers, motorcycles, aircrafts, etc.):

	Year, Make, and Model	Name on Title	Date Acquired (mm/dd/yyyy)	Fair Market Value	Balance Due	Non- marital
1.				\$	\$	<input type="checkbox"/> Y <input type="checkbox"/> N
2.				\$	\$	<input type="checkbox"/> Y <input type="checkbox"/> N
3.				\$	\$	<input type="checkbox"/> Y <input type="checkbox"/> N
4.				\$	\$	<input type="checkbox"/> Y <input type="checkbox"/> N
5.				\$	\$	<input type="checkbox"/> Y <input type="checkbox"/> N

- c. **Tangible personal property with a value over \$500 each** (Enter information about personal property of you and your spouse. Examples may include televisions, laptops, furniture, jewelry):

	Description of each item	Date Acquired (mm/dd/yyyy)	Fair Market Value	Balance Due	Non- marital
1.			\$	\$	<input type="checkbox"/> Y <input type="checkbox"/> N
2.			\$	\$	<input type="checkbox"/> Y <input type="checkbox"/> N
3.			\$	\$	<input type="checkbox"/> Y <input type="checkbox"/> N
4.			\$	\$	<input type="checkbox"/> Y <input type="checkbox"/> N
5.			\$	\$	<input type="checkbox"/> Y <input type="checkbox"/> N
6.			\$	\$	<input type="checkbox"/> Y <input type="checkbox"/> N
7.			\$	\$	<input type="checkbox"/> Y <input type="checkbox"/> N
8.			\$	\$	<input type="checkbox"/> Y <input type="checkbox"/> N
9.			\$	\$	<input type="checkbox"/> Y <input type="checkbox"/> N
10.			\$	\$	<input type="checkbox"/> Y <input type="checkbox"/> N

- d. **Cash amount** (Enter the amount of cash you and your spouse have in your possession that is not in a bank account): \$ \_\_\_\_\_

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# MAINE JUDICIAL BRANCH

- e. **Bank Accounts** (Enter information about savings and checking accounts, money market accounts, certificates of deposit, etc. held by you and your spouse):

	Name of Bank	Name(s) on Account	Account Number	Type of Account	Balance	Non-marital
1.					\$	<input type="checkbox"/> Y <input type="checkbox"/> N
2.					\$	<input type="checkbox"/> Y <input type="checkbox"/> N
3.					\$	<input type="checkbox"/> Y <input type="checkbox"/> N
4.					\$	<input type="checkbox"/> Y <input type="checkbox"/> N
5.					\$	<input type="checkbox"/> Y <input type="checkbox"/> N
6.					\$	<input type="checkbox"/> Y <input type="checkbox"/> N
7.					\$	<input type="checkbox"/> Y <input type="checkbox"/> N
8.					\$	<input type="checkbox"/> Y <input type="checkbox"/> N
9.					\$	<input type="checkbox"/> Y <input type="checkbox"/> N
10.					\$	<input type="checkbox"/> Y <input type="checkbox"/> N

- f. **Retirement Benefits and Deferred Compensation** (Enter information about vested and non-vested retirement benefits, including pension plans, annuities, IRAs, 401(k)s, 403(b)s, and SEPs held by you and your spouse):

	Name of Plan	Name of Account Holder	Type of Plan	Fair Market Value or Account Balance	Non-marital
1.				\$	<input type="checkbox"/> Y <input type="checkbox"/> N
2.				\$	<input type="checkbox"/> Y <input type="checkbox"/> N
3.				\$	<input type="checkbox"/> Y <input type="checkbox"/> N
4.				\$	<input type="checkbox"/> Y <input type="checkbox"/> N
5.				\$	<input type="checkbox"/> Y <input type="checkbox"/> N

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# MAINE JUDICIAL BRANCH

**g. Investment/Brokerage Accounts, Mutual Funds, Securities Stocks, Bonds, Options, ESOPs, and Secured or Unsecured Notes** (Enter information about those held by you and your spouse):

	Company Name	Type	Owner	Fair Market Value	Non-marital
1.				\$	<input type="checkbox"/> Y <input type="checkbox"/> N
2.				\$	<input type="checkbox"/> Y <input type="checkbox"/> N
3.				\$	<input type="checkbox"/> Y <input type="checkbox"/> N
4.				\$	<input type="checkbox"/> Y <input type="checkbox"/> N
5.				\$	<input type="checkbox"/> Y <input type="checkbox"/> N

**h. Business Interests** (Enter information about you and your spouse's business interests. Under "Type," enter whether the business is a corporation, S Corp, LLC, etc.):

	Name of Business	Type	% of Ownership	Debt	Fair Market Value	Non-marital
1.				\$	\$	<input type="checkbox"/> Y <input type="checkbox"/> N
2.				\$	\$	<input type="checkbox"/> Y <input type="checkbox"/> N
3.				\$	\$	<input type="checkbox"/> Y <input type="checkbox"/> N
4.				\$	\$	<input type="checkbox"/> Y <input type="checkbox"/> N
5.				\$	\$	<input type="checkbox"/> Y <input type="checkbox"/> N

**i. Life Insurance Policies** (Enter information about each life insurance policy you have for yourself, your spouse, or your children. Also enter information about policies held by your spouse.):

	Name of Insurance Company	Type of Policy	Name of Insured/Owner	Beneficiary(ies)	Death Benefit	Cash Value	Non-marital
1.					\$	\$	<input type="checkbox"/> Y <input type="checkbox"/> N
2.					\$	\$	<input type="checkbox"/> Y <input type="checkbox"/> N
3.					\$	\$	<input type="checkbox"/> Y <input type="checkbox"/> N
4.					\$	\$	<input type="checkbox"/> Y <input type="checkbox"/> N
5.					\$	\$	<input type="checkbox"/> Y <input type="checkbox"/> N

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# MAINE JUDICIAL BRANCH

- j. **Lawsuits and Claims** (Enter information about lawsuits and claims you and your spouse have filed or intend to file. These can include, for example, claims for workers compensation, disability, etc. If you did not recover anything, enter \$0, or if your case is still pending or has not yet been filed, enter unknown.):

	Case Number	Who Filed the Claim?	Date Lawsuit or Claim Filed (mm/dd/yyyy)	Claim Pending or Final Decision Issued	Amount Recovered (if final decision has issued)	Non-marital
1.					\$	<input type="checkbox"/> Y <input type="checkbox"/> N
2.					\$	<input type="checkbox"/> Y <input type="checkbox"/> N
3.					\$	<input type="checkbox"/> Y <input type="checkbox"/> N
4.					\$	<input type="checkbox"/> Y <input type="checkbox"/> N
5.					\$	<input type="checkbox"/> Y <input type="checkbox"/> N

- k. **Income Tax Refunds or Amounts Owed for the Last 2 Years** (Enter information about your and your spouse's **federal and state** tax returns for the last 2 years. Enter an amount under "Refund" if you received money or "Owed" if you owed additional taxes.):

	Tax Year (yyyy)	Federal Taxes: Joint or Individual?	Federal Tax Owed	Federal Refund	State Taxes: Joint or Individual?	State Tax Owed	State Refund
1.		<input type="checkbox"/> Joint <input type="checkbox"/> Individual	\$ <input type="checkbox"/> Paid <input type="checkbox"/> Not yet paid	\$ <input type="checkbox"/> Refund received <input type="checkbox"/> Refund not yet received	<input type="checkbox"/> Joint <input type="checkbox"/> Individual	\$ <input type="checkbox"/> Paid <input type="checkbox"/> Not yet paid	\$ <input type="checkbox"/> Refund received <input type="checkbox"/> Refund not yet received
2.		<input type="checkbox"/> Joint <input type="checkbox"/> Individual	\$ <input type="checkbox"/> Paid <input type="checkbox"/> Not yet paid	\$ <input type="checkbox"/> Refund received <input type="checkbox"/> Refund not yet received	<input type="checkbox"/> Joint <input type="checkbox"/> Individual	\$ <input type="checkbox"/> Paid <input type="checkbox"/> Not yet paid	\$ <input type="checkbox"/> Refund received <input type="checkbox"/> Refund not yet received

2. **Parties' Debts** (Enter your and your spouse's debts including credit cards and past due bills. Do not include debt payments previously listed in 1 above, such as your mortgage or car payment. In "Total Monthly Debt Payments," add the monthly payment amounts together and enter the total. If you have to add an additional page with information, make sure to include those amounts, as well.):

	Creditor Name	Describe Nature of Debt (household goods, attorney fees, etc.)	Amount Owed	Monthly Payment Being Made	Non-marital
1.			\$	\$	<input type="checkbox"/> Y <input type="checkbox"/> N
2.			\$	\$	<input type="checkbox"/> Y <input type="checkbox"/> N
3.			\$	\$	<input type="checkbox"/> Y <input type="checkbox"/> N

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# MAINE JUDICIAL BRANCH

4.			\$	\$	<input type="checkbox"/> Y <input type="checkbox"/> N
5.			\$	\$	<input type="checkbox"/> Y <input type="checkbox"/> N
6.			\$	\$	<input type="checkbox"/> Y <input type="checkbox"/> N
7.			\$	\$	<input type="checkbox"/> Y <input type="checkbox"/> N
8.			\$	\$	<input type="checkbox"/> Y <input type="checkbox"/> N
9.			\$	\$	<input type="checkbox"/> Y <input type="checkbox"/> N
10.			\$	\$	<input type="checkbox"/> Y <input type="checkbox"/> N

Total Monthly Debt Payments: \$ \_\_\_\_\_

## PART 2 - INCOME AND EXPENSES

In 4, check all that apply. Provide all information requested about your jobs, including all full-time, part-time, temporary contract, or other work.

### 3. Information about other household members:

I currently live with another adult who is not the plaintiff or defendant in this case who helps pay my expenses: ☐ Yes ☐ No

### 4. My employment:

a. I am ☐ unemployed ☐ self-employed ☐ employed by someone else ☐ retired

b. Employer name: \_\_\_\_\_

c. Employer address: \_\_\_\_\_  
Street Address, Apt.

In 4e, enter your total gross income from all sources from January 1 of this year through the date you fill out this form.

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

d. Number of paychecks per year: ☐ 12 (monthly)  
☐ 24 (two times a month)  
☐ 26 (every two weeks)  
☐ 52 (weekly)  
☐ I am paid in cash

e. Gross income (before taxes and deductions) so far this year: \$ \_\_\_\_\_  
as of \_\_\_\_\_  
Date (mm/dd/yyyy)

### 5. My gross income and taxes from last year:

a. Tax filing status (check only one): ☐ Married (Joint) ☐ Single  
☐ Married (Separate) ☐ Did not file  
☐ Head of Household

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# MAINE JUDICIAL BRANCH

In **5a-d**, enter the information you submitted on last year's IRS tax return. If you did not file a tax return for last year, check **Did not file**, leave **a-d** blank.

- b. Number of dependent exemptions claimed: \_\_\_\_\_
- c. Total number of exemptions claimed: \_\_\_\_\_
- d. Gross income (*before taxes and deductions*) last year: \$ \_\_\_\_\_  
Year: \_\_\_\_\_

## 6. Bankruptcy in the last 5 years:

I filed for bankruptcy in the last 5 years: ☐ Yes ☐ No

## 7. My gross ☐ weekly ☐ bi-weekly ☐ monthly ☐ other: \_\_\_\_\_ income (*before taxes and deductions*) is:

In **7, Regular employment earnings** mean the gross income you receive on a regular basis from employment.

Income other than **Regular employment earnings**, such as **Overtime, Commission, or Bonus** should be listed separately.

For **Educational funds**, include fellowships, stipends, grants, scholarships, etc.

Employment earnings ( <i>salary, wages, self-employed income, etc.</i> )	\$ _____
Overtime	\$ _____
Commission	\$ _____
Tips	\$ _____
Bonus	\$ _____
Pension and other retirement benefits	\$ _____
Annuity	\$ _____
Interest income	\$ _____
Dividend income	\$ _____
Trust income	\$ _____
Social Security ( <i>check all that apply</i> ): <input type="checkbox"/> SSI <input type="checkbox"/> SSDI <input type="checkbox"/> retirement	\$ _____
Unemployment benefits	\$ _____
Disability payment ( <i>not Social Security</i> )	\$ _____
Workers' compensation	\$ _____
Military allowances	\$ _____
Investment income	\$ _____
Rental income	\$ _____
Partnership income	\$ _____
Distributions and draws	\$ _____
Royalty income	\$ _____
Educational funds ( <i>include payments made directly to the school</i> )	\$ _____
Spousal support	\$ _____
Gifts of money	\$ _____
Other: _____	\$ _____

**Total Gross** ☐ **Weekly** ☐ **Bi-weekly** ☐ **Monthly** ☐ **Other Income:** \$ \_\_\_\_\_

In **Total Gross Income**, add the amounts in **7** together and enter the total.

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# MAINE JUDICIAL BRANCH

Other ☐ weekly ☐ bi-weekly ☐ monthly (not calculated as income):

TANF (Temporary assistance for needy families) \$ \_\_\_\_\_  
 Child support for children of this relationship \$ \_\_\_\_\_  
 Child support for children not of this relationship \$ \_\_\_\_\_  
 Foster care payments from DHHS \$ \_\_\_\_\_  
**TOTAL:** \$ \_\_\_\_\_

8. My ☐ weekly ☐ bi-weekly ☐ monthly ☐ other: \_\_\_\_\_ deductions are:

In 8, use information from your paystubs, tax records, and other sources to identify all properly calculated deductions.

Federal tax \$ \_\_\_\_\_  
 State tax \$ \_\_\_\_\_  
 FICA (or Social Security equivalent) \$ \_\_\_\_\_  
 Medicare tax \$ \_\_\_\_\_  
 Mandatory retirement contributions (by law or condition of employment) \$ \_\_\_\_\_  
 Union dues \$ \_\_\_\_\_  
 Health insurance premiums (medical, dental, vision) \$ \_\_\_\_\_  
 Child support actually paid under a court order in a different case \$ \_\_\_\_\_  
 Spousal support actually paid under a court order in a different case \$ \_\_\_\_\_  
 Spousal support actually paid or payable under a court order in this case \$ \_\_\_\_\_  
 Expenditures for repayment of debts that represent reasonable and necessary expenses for the production of income including, but not limited to, student loans, medical expenditures necessary to preserve life or health, reasonable expenditures for the benefit of the child and other parent exclusive of gifts. \$ \_\_\_\_\_  
 Other: \_\_\_\_\_ \$ \_\_\_\_\_

In Total Monthly Deductions, add the amounts from 8 together and enter the total.

**Total** ☐ Weekly ☐ Bi-weekly ☐ Monthly ☐ Other Deductions: \$ \_\_\_\_\_

9. My monthly living expenses are:

a. **Household Expenses**

In 9a, enter the amount your household spends on each item each month. If you have more than one household for which you pay expenses, attach an additional page listing the expenses for each additional household.

Mortgage \$ \_\_\_\_\_  
 Rent \$ \_\_\_\_\_  
 Home equity (HELOC) and second mortgage \$ \_\_\_\_\_  
 Real estate taxes \$ \_\_\_\_\_  
 Homeowners or condo association dues and assessments \$ \_\_\_\_\_  
 Homeowner or renter insurance \$ \_\_\_\_\_  
 Water and sewer line repair insurance \$ \_\_\_\_\_  
 Gas \$ \_\_\_\_\_  
 Heating fuel or oil \$ \_\_\_\_\_  
 Electricity \$ \_\_\_\_\_  
 Telephone (landline) \$ \_\_\_\_\_  
 Cell phone \$ \_\_\_\_\_  
 Cable or satellite TV \$ \_\_\_\_\_  
 Streaming services \$ \_\_\_\_\_  
 Internet \$ \_\_\_\_\_  
 Water and sewer \$ \_\_\_\_\_

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# MAINE JUDICIAL BRANCH

In **Subtotal Monthly Household Expenses**, add the amounts in **9a** together and enter the total.

Garbage removal	\$	_____
Laundry and dry cleaning	\$	_____
House cleaning service	\$	_____
Necessary repairs and maintenance to my property	\$	_____
Pet care	\$	_____
Groceries, household supplies, and toiletries	\$	_____
Other: _____	\$	_____
<b>Subtotal Monthly Household Expenses:</b>	<b>\$</b>	_____

In **9b**, enter the amount you spend monthly on each type of transportation expense.

## b. Transportation Expenses

Vehicle payment	\$	_____
Vehicle repairs	\$	_____
Vehicle maintenance	\$	_____
Insurance	\$	_____
License	\$	_____
Gasoline	\$	_____
Taxi, ride share, bus, and train	\$	_____
Parking	\$	_____
Registration	\$	_____
Other: _____	\$	_____
Other: _____	\$	_____

**Subtotal Monthly Transportation Expenses:** \$ \_\_\_\_\_

If you have other transportation expenses not listed in **9b**, describe in **Other** and enter the amount.

## c. Personal expenses

Medical expenses ( <i>out of pocket expenses</i> )	
Doctor visits	\$ _____
Therapy and counseling	\$ _____
Dental and orthodontia	\$ _____
Optical	\$ _____
Medicine ( <i>including prescribed and over-the-counter</i> )	\$ _____
Life insurance	
Life ( <i>term</i> )	\$ _____
Life ( <i>whole or annuity</i> )	\$ _____
Clothing	\$ _____
Grooming ( <i>hair, nails, spa, etc.</i> )	\$ _____
Club membership dues	\$ _____
Periodical/Newspaper subscription(s)	\$ _____
Other: _____	\$ _____
Other: _____	\$ _____

**Subtotal Monthly Personal Expenses:** \$ \_\_\_\_\_

In **9c**, enter the amount you spend monthly only for yourself on each type of expense. Do not include expenses you are reimbursed for through insurance or your employer.

In **Subtotal Monthly Personal Expenses**, add the amounts in **9c** together and enter the total.

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# MAINE JUDICIAL BRANCH

In **9d**, enter the amount spent monthly on the minor and dependent children of this relationship.

In **Medical**, do not include expenses you are reimbursed for through insurance or your employer.

If there are other child-related expenses not listed in **9d**, describe the expense in **Other** and enter the amount.

## d. Minor and Dependent Children Expenses

Child care (including before and after school care)	\$ _____
Clothing	\$ _____
Education	
Tuition	\$ _____
Books, fees, and supplies	\$ _____
School lunch	\$ _____
Tutoring	\$ _____
Other education: _____	\$ _____
Medical ( <i>out of pocket expenses</i> )	
Doctor visits	\$ _____
Therapy or counseling	\$ _____
Dental or orthodontia	\$ _____
Optical	\$ _____
Medicine/prescriptions	\$ _____
Other medical: _____	\$ _____
Extra-curricular activities/lessons/sports fees	\$ _____
Other: _____	\$ _____
Other: _____	\$ _____

**Subtotal Monthly Children Expenses:** \$ \_\_\_\_\_

**TOTAL MONTHLY LIVING EXPENSES:** \$ \_\_\_\_\_  
*(add together subtotals from subsections a – d)*

## e. Miscellaneous/Lump Sum Expenses (costs in past 12 months)

Vacation	\$ _____
Gifts	\$ _____
Other: _____	\$ _____

**Total Miscellaneous Expenses for Past 12 Months:** \$ \_\_\_\_\_

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## MAINE JUDICIAL BRANCH

☐ I hereby certify that the information in this Financial Statement is complete and is based on my personal knowledge, information, and belief.

☐ I certify that I will send the opposing party complete copies of this Financial Statement, my federal tax returns for the last two years, and my three most recent paystubs, **not later than three days before mediation.**

☐ 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 for giving false information to the court.

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



Signature of ☐ Plaintiff ☐ Defendant

Attorney: \_\_\_\_\_

Bar No.: \_\_\_\_\_

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

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

Email: \_\_\_\_\_

Name: \_\_\_\_\_

☐ Address is confidential (if so, leave blank below)

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

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

Email: \_\_\_\_\_

### STATE OF MAINE

\_\_\_\_\_ County

Personally appeared the above-named party, \_\_\_\_\_, 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

\_\_\_\_\_  
Plaintiff  
V.  
\_\_\_\_\_  
Defendant

DISTRICT COURT  
Location (Town): \_\_\_\_\_  
Docket No.: \_\_\_\_\_

CERTIFICATE IN LIEU OF FINANCIAL STATEMENT

1. I am the ☐ plaintiff ☐ defendant in this matter and make the following statement in lieu of filing the Financial Statement, form FM-043. To the best of my knowledge the following statement is true.
2. ☐ I certify that in the divorce action in which I am a party (check all that apply):
- ☐ there is no dispute regarding *spousal support* (alimony)
  - ☐ there is no dispute regarding *attorney fees*
  - ☐ there is no dispute regarding *real estate*
  - ☐ there is no dispute regarding *personal property*

**WARNING: If any of the above are not true, you must file the Financial Statement (form FM-043).**

3. I understand that if the opposing party disagrees with any of the above statements, I will be required to file the Financial Statement.

☐ 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

Attorney: \_\_\_\_\_

Bar No.: \_\_\_\_\_

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

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

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

Email: \_\_\_\_\_

Name: \_\_\_\_\_

☐ Address is confidential (if so, leave blank below)

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

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

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

Email: \_\_\_\_\_

STATE OF MAINE

\_\_\_\_\_  
County

Personally appeared the above named plaintiff, \_\_\_\_\_, 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

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MAINE JUDICIAL BRANCH

\_\_\_\_\_  
V. \_\_\_\_\_  
Plaintiff  
Defendant

DISTRICT COURT  
Location (Town): \_\_\_\_\_  
Docket No.: \_\_\_\_\_

CERTIFICATE REGARDING REAL ESTATE

The undersigned party in this divorce action hereby certifies as follows (*attach additional pages if necessary*):

1. ☐ **One or both parties** have an interest in the following real estate:

Street Address (*do not use mailing address if different*) \_\_\_\_\_  
\_\_\_\_\_

The Deed is dated (*mm/dd/yyyy*) \_\_\_\_\_ and recorded in the \_\_\_\_\_ County  
Registry of Deeds in Book \_\_\_\_\_, Page \_\_\_\_\_.

The Deed is in the name of the ☐ plaintiff ☐ defendant. Date of marriage (*mm/dd/yyyy*): \_\_\_\_\_

Was the property acquired by gift or inheritance? ☐ Yes ☐ No

2. ☐ **One or both parties** have an interest in the following real estate:

Street Address (*do not use mailing address if different*) \_\_\_\_\_  
\_\_\_\_\_

The Deed is dated (*mm/dd/yyyy*) \_\_\_\_\_ and recorded in the \_\_\_\_\_ County  
Registry of Deeds in Book \_\_\_\_\_, Page \_\_\_\_\_.

The Deed is in the name of the ☐ plaintiff ☐ defendant. Date of marriage (*mm/dd/yyyy*): \_\_\_\_\_

Was the property acquired by gift or inheritance? ☐ Yes ☐ No

3. ☐ **One or both parties** have an interest in additional real estate and have attached another certificate regarding real estate

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



☐ Attorney for ☐ plaintiff ☐ defendant

\_\_\_\_\_  
Print Name and Bar No. (if applicable)

**IMPORTANT WARNING:** Each party in this divorce action must notify the Clerk of any changes to the party's address and phone number. If a party does not notify the Clerk of these changes, then it may not be possible for that party to get notice of any court hearings.

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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 \_\_\_\_\_

(1B) \$ \_\_\_\_\_

*Put the amount expected this year*

## 2. OTHER GROSS INCOME

*Do **not** include TANF, SSI, general assistance, or food stamps.*

	<i>Expected this year</i>
Unemployment benefits	\$ _____
Workers' compensation	\$ _____
Social Security	\$ _____
Disability	\$ _____
Pension or annuity	\$ _____

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## MAINE JUDICIAL BRANCH

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

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## MAINE JUDICIAL BRANCH

**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

\_\_\_\_\_  
Name and Bar No. (if applicable)

**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

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## MAINE JUDICIAL BRANCH

\_\_\_\_ Plaintiff

DISTRICT COURT

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

V.

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

\_\_\_\_ Defendant

## CHILD SUPPORT WORKSHEET

☐ Supplemental worksheet attached  
 19-A M.R.S. §§ 2001-2012

1. a. Primary care provider (parent children live with most of the time): ☐ Plaintiff ☐ Defendant ☐ Both  
 If parents provide substantially equal care, higher income parent should be shown as the non-primary care provider.  
 b. Parent providing health insurance for the children: ☐ Plaintiff ☐ Defendant ☐ Neither  
 c. Parent providing weekly child care expenses for the children: ☐ Plaintiff ☐ Defendant ☐ Neither  
 d. Parent providing extraordinary medical expenses for the children: ☐ Plaintiff ☐ Defendant ☐ Neither

2.

Child's Name:	Date of Birth (mm/dd/yyyy):

Yearly Amounts	Primary Care Provider	Non-Primary Care Provider <input type="checkbox"/> Self-support reserve <input type="checkbox"/> Below poverty level	Combined Income
3. Gross income	\$	\$	
4. Minus other obligations, 19-A M.R.S. § 2001(5)(E):			
a. Support paid to former spouse under a pre-existing court order	a.	a.	
b. Support paid for other children under a pre-existing obligation	b.	b.	
5. Obligor Gross Income		(Subtract lines 4a and 4b from line 3.)	
6. Other children living with non-primary care provider (See instructions on page 3.)			
7. Adjusted Gross Income	a. (Subtract lines 4a and 4b from line 3.)	b. (Subtract line 6 from line 5.)	c. (Add lines 7a and 7b.)
8. Share of Adjusted Income (Divide each parent's income by combined income)	a. %	b. %	

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## MAINE JUDICIAL BRANCH

9. Basic weekly support for all children up to 18 years (or up to 19 years if still in high school) **(See instructions on page 3.)**

Total number of children (a) \_\_\_\_\_ multiplied by amount from table (b) \_\_\_\_\_ = 9c. \_\_\_\_\_

10. Weekly health insurance cost for children

Name & amount per child per week

\_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_

Total: 10. \_\_\_\_\_

11. Weekly child care expenses

Name & amount per child per week

\_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_

Total: 11. \_\_\_\_\_

12. Extraordinary medical expenses

Name & amount per child per week

\_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_

Total: 12. \_\_\_\_\_

**\*If parents provide substantially equal care, continue calculations on supplemental worksheet.**

13. TOTAL ☐ WEEKLY ☐ BIWEEKLY OBLIGATION (Add lines 9c, 10, 11 and 12; if biweekly, multiply x 2) 13. \_\_\_\_\_

14. ☐ WEEKLY ☐ BIWEEKLY PARENTAL SUPPORT OBLIGATION:

- a. Primary Care Provider

Spends directly \$ \_\_\_\_\_

(Multiply line 8a by line 13)

- b. Non-Primary Care Provider's support obligation \$ \_\_\_\_\_

(Multiply line 8b by line 13)

Non-Primary Care Provider Adjustments

**(Amounts paid directly by Non-Primary Care Provider)**

Weekly health insurance (line 10) - \$ \_\_\_\_\_

Weekly child care (line 11) - \$ \_\_\_\_\_

Extraordinary Medical Expenses (line 12) - \$ \_\_\_\_\_

Non-Primary Care Provider pays as support = \$ \_\_\_\_\_

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

Prepared by: \_\_\_\_\_

☐ Attorney for ☐ Plaintiff ☐ Defendant ☐ Magistrate ☐ Judge ☐ Mediator

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## CALCULATING "AMOUNT FROM TABLE" FOR LINE 9 OF THE WORKSHEET

1. Look at the Child Support Table.
2. Circle the amount in the Table under "Parents' Combined Annual Income" that is closest to the "Combined Adjusted Gross Income" on **Line 7c** of the Worksheet.
3. In the "Number of Children" column, circle the TOTAL number of children in this case.  
Draw a line from the circled number of children down the column until it meets the circle you drew for parents' yearly combined income. Circle the number and write the number you circled in the space after "amount from table" on **Line 9b** of the Worksheet.
4. For example, if you have **two** children and a combined adjusted gross income of \$18,000, use the column for 2 children. The "Parents' Combined Annual Income" and the "Number of Children" lines should meet at **\$54**.  
Using this example, you would write the following on the Worksheet:  
9. Total number of children 2 multiplied by amount from table \$ 54 = \$ 108.

## NON-PRIMARY CARE PROVIDERS WITH VERY LOW INCOMES

When the non-primary care provider's income is very low, different rules for calculating child support apply. If the annual gross income of the non-primary care provider is less than the federal poverty guidelines, the non-primary care provider's weekly parental support obligation may not exceed 10% of the non-primary care provider's weekly gross income, regardless of the amount of the parties' combined annual gross income. No additional amounts such as health insurance, child care, or extraordinary medical expenses should be added to this total. Please note this amount is calculated assuming a household of one person.

If the non-primary care provider's annual gross income, without adjustments, is in the self-support reserve for the total number of children for whom support is being determined, the amount listed in the self-support reserve multiplied by the number of children is the non-primary care provider's basic support obligation for the children, regardless of the parties' combined annual gross income. The non-primary care provider's proportional share of childcare, health insurance premiums, and extraordinary medical expenses is added to this basic support obligation. This paragraph does not apply if its application would result in a greater support obligation than a support obligation determined without application of this paragraph.

If the non-primary care provider's income falls in the self-support reserve (the shaded area of the Child Support Table), check the box in the non-primary care provider column next to "self-support reserve" on the child support worksheet. If the non-primary care provider's income is lower than all income amounts listed in the Child Support Table, check the box next to "below poverty level" on the child support worksheet.

**CALCULATING AMOUNT FOR LINE 6 OF THE WORKSHEET  
(OTHER CHILDREN LIVING WITH NON-PRIMARY CARE PROVIDER)**

If the non-primary care provider has a legal obligation to support other children living in his/her home, the non-primary care provider is entitled to an adjustment. The amount of the adjustment is written on line 6. To determine the adjustment to be entered on Line 6, follow the steps in paragraphs 1, 2, 3, and 4, with some changes. In step 2, circle the amount in the Table under "Parents' Combined Adjusted Gross Income" that is closest to the non-primary care provider's gross income at Line 5. Do not circle the combined adjusted gross income of both parties in this case. In step 3, in the "Number of Children" column, circle the total number of other children living with the non-primary care provider that the non-primary care provider has a legal obligation to support. Do not circle the total number of children in this case.

**Warning:** If there is an existing child support order for the children in this case, the adjustment may not apply.

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**CALCULATING THE NON-PRIMARY CARE PROVIDER ADJUSTMENT FOR SECTION 14b OF THE WORKSHEET**

If the non-primary care provider pays directly out of pocket the cost of the child(ren)'s health insurance, child care for children under the age of 12 (or otherwise eligible), and/or extraordinary medical expenses, that parent's weekly support obligation must be adjusted. The amount of the adjustment is the cost of the health insurance for the children (line 10), the cost of child care for the child(ren) under the age of 12 (or otherwise eligible) (line 11), and the cost of extraordinary medical expenses for the child(ren) (line 12). Subtract lines 10, 11, and 12 from the Non-Primary Care Provider's support obligation to determine the amount that must be paid as support.

If the primary care provider pays the cost of the children's health insurance, child care for children under the age of 12 (or otherwise eligible), or extraordinary medical expenses, or if neither parent pays for health insurance, child care for children under the age of 12 (or otherwise eligible), or extraordinary medical expenses, enter 0 on the line next to "Non-Primary Care Provider Adjustment."

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## MAINE JUDICIAL BRANCH

\_\_\_\_\_  
 V. \_\_\_\_\_  
 Plaintiff Defendant

DISTRICT COURT  
 Location (Town): \_\_\_\_\_  
 Docket No.: \_\_\_\_\_

## SUPPLEMENTAL CHILD SUPPORT WORKSHEET

**PLEASE NOTE:** This form must be used when parents provide substantially equal care. A Child Support Worksheet (FM-040) must be prepared first.

Higher income parent is the ☐ Plaintiff ☐ Defendant (higher of line 7a and 7b).

15. Higher income parent's share of basic weekly support  
 \_\_\_\_\_ (higher of line 8a and 8b) x \_\_\_\_\_ (line 9c) = 15. \_\_\_\_\_

16. Enhanced weekly support entitlement  
 \_\_\_\_\_ (line 9c) x 1.5 = 16. \_\_\_\_\_

17. Lower income parent's share of enhanced weekly support entitlement  
 \_\_\_\_\_ (lower of line 8a and 8b) x \_\_\_\_\_ (line 16) = 17. \_\_\_\_\_

18. Higher income parent's share of enhanced weekly support entitlement  
 \_\_\_\_\_ (higher of line 8a and 8b) x \_\_\_\_\_ (line 16) = 18. \_\_\_\_\_

19. Enhanced Support Obligation  
 \_\_\_\_\_ (line 18) - \_\_\_\_\_ (line 17) = 19. \_\_\_\_\_

20. Presumptive Parental Support Obligation  
 Enter the amount from line 15 or line 19, whichever is less = 20. \_\_\_\_\_

21. Additional expenses to be shared by parents in proportion to their incomes:

Expense	Weekly Amount	Parent Paying	HIP Share*	LIP Share*
Health Insurance (enter amount from line 10)			\$	\$
Child Care (enter amount from line 11)			\$	\$
Extraordinary Medical Expenses (enter amount from line 12)			\$	\$
*HIP = higher income parent	*LIP = lower income parent	<b>TOTAL:</b>	\$	\$

Adjudgment for additional expenses = 21. \_\_\_\_\_  
 (If HIP pays the expense(s), subtract LIP share.  
 If LIP pays the expense(s), add HIP share.)

22. Total weekly support obligation of HIP to be paid to LIP = 22. \_\_\_\_\_

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## MAINE JUDICIAL BRANCH

### IMPORTANT INFORMATION REGARDING CASE MANAGEMENT CONFERENCE

Your family case has been scheduled for a case management conference. Trial counsel and parties are required to attend unless:

- A *Certificate in Lieu of Conference* (form FM-054) is filed with the court in advance of the conference date and the court waives the conference. This form, which can be found on the Judicial Branch's website at: [http://www.courts.maine.gov/fees\\_forms/forms](http://www.courts.maine.gov/fees_forms/forms) or from any Maine District Court clerk's office may only be filed when the parties agree on interim arrangements for the children;
- The Case Management Conference is deferred in accordance with M.R. Civ. P. 110A(b)(3)(A)(ii); or
- The parties agree on a modification of an existing judgment or order and file the appropriate paperwork with the court in advance of the conference date.

**PLEASE NOTE: You may be ordered to attend mediation. Please come to the case management conference prepared to pay your portion of the mediation fee.**

The following matters will be discussed at the case management conference, and an order may be entered at that time, or at a subsequent hearing, even if a motion for interim relief has not been filed:

1. Interim arrangements for the children, including residence, parent/child contact, health insurance and child support; interim responsibility for payment of periodic debts; and interim spousal support (if applicable). *You must file form FM-050, Child Support Affidavit.*
2. Issues in dispute;
3. Deadlines for moving the case to resolution, exchange of information (discovery), and mediation;
4. Payment of fees, including any court mediation fee and attorney fees;
5. Date and time of the next court event. **If one party is defaulted or if the case involves the establishment or enforcement of a child support obligation, a brief hearing may take place on the day of the case management conference;**
6. Other matters pertinent to the case including, but not limited to, attendance at a parent education program; genetic testing; a job search; the appointment of a guardian ad litem; and/or a psychological evaluation.

The Magistrate will enter a Case Management Order following the case management conference that will determine the course of the proceedings and may enter other orders, such as an interim order, or an order enforcing a child support obligation.

**WARNING TO PARTIES:** If you are the responding party and wish to object to the complaint or motion, a response must be filed within the time limits established by statute or court rule. Do not wait until the time of the case management conference to state your objections.

**You have the right to appear and be heard at all court events (trial, hearing, conference, mediation). If you fail to appear at any or all court events without good cause, action may be taken on your case even though you are not there.** This means that the Court may, in your absence, enter an interim/temporary order OR hold a final hearing and enter a final default order or judgment regarding any or all of the issues in your case, including but not limited to paternity or parentage, parental rights and responsibilities for children (custody, residence, visitation, etc.), child support, name change, spousal support/alimony, attorney fees, and distribution of marital and non-marital property (debt, real estate, vehicles, pension and retirement accounts, etc.). The Court also may dismiss any pleading that you have filed if you do not show up.

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