

MAINE JUDICIAL BRANCH

Plaintiff

DISTRICT COURT

Location (Town): _____

Docket No.: _____

☐ individually **and** on behalf of:

☐ on behalf of:

V.

Defendant

☐ on behalf of:

COMPLAINT FOR PROTECTION FROM ABUSE

19-A M.R.S. §§ 4101-4116

PLEASE NOTE: You must file form PA-027 if you are filing this electronically. Failure to do so will result in rejection of the Complaint.

1. Plaintiff information:

Full name: _____

Gender: ☐ Female ☐ Male ☐ Other

Date of Birth (mm/dd/yyyy): _____

Do NOT list your contact information below if it is to be kept confidential. Instead, complete form PA-015, Affidavit for Confidential Address, which can be obtained from the clerk or at www.courts.maine.gov.

Present street address (street address, city, state, ZIP): _____

If different, mailing address: _____

Telephone number: _____

If you left your residence to avoid abuse, provide your former address (street address, city, state, ZIP): _____

A. If you are filing this complaint on behalf of a minor child or children, provide the following information:

Minor's Name

Minor's Date of Birth
(mm/dd/yyyy)

Minor's Gender (select one)

<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Other
<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Other
<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Other
<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Other
<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Other
<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Other

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B. If you are filing this complaint as a legal guardian or a representative of the Department of Health and Human Services on behalf of an older, dependent, or incapacitated adult, provide the following information:

Adult's Name

Adult's Date of Birth
(mm/dd/yyyy)

Adult's Gender (select one)

☐ Male ☐ Female ☐ Other

2. Defendant information:

Full name: _____

Gender: ☐ Female ☐ Male ☐ Other

Date of Birth (mm/dd/yyyy) (If unknown, enter an approximate age): _____

Race: ☐ White ☐ Black ☐ Asian or Pacific Islander ☐ American Indian or Alaskan Indian ☐ Unknown

Present street address (street address, city, state, ZIP): _____

If different, mailing address: _____

Telephone number: _____

A. If you are filing this complaint against a defendant on behalf of a minor, provide the following information:

Minor's Name

Minor's Date of Birth
(mm/dd/yyyy) (If
unknown, enter an
approximate age):

Minor's Gender (select one)

☐ Male ☐ Female ☐ Other

3. Defendant's military service:

Provide information regarding the defendant's military service (you must select one):

☐ The defendant is currently in military service, and I know this because: _____

☐ The defendant is not currently in military service, and I know this because: _____

☐ I am unable to determine whether or not the defendant is currently in military service.

4. Plaintiff's relationship to the defendant:

Select all that apply. If you are filing on behalf of a minor child(ren) or an older, dependent, or incapacitated adult, include their relationship with the defendant as well.

☐ spouse

☐ former spouse

☐ father/mother of my child(ren)

☐ minor child of a household member

☐ relative (describe): _____

☐ former or present sexual partner

☐ formerly or presently living together

☐ dating partner

☐ plaintiff is 60 years of age or older, or a dependent adult, or an incapacitated adult and defendant is plaintiff's extended family member (related by blood adoption or marriage) or unpaid care provider

☐ victim of sex trafficking

☐ victim of nonconsensual removal of or tampering with a condom

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- ☐ victim of defendant's sexual assault
☐ victim of defendant's stalking
☐ victim of unauthorized dissemination of certain private images

- ☐ plaintiff is a minor who is a victim of sexual exploitation or dissemination of sexually explicit material
☐ plaintiff is a minor who is a victim of harassment by telephone or electronic communication device

If none of the above options apply, describe the relationship:

5. Plaintiff and defendant are the parents of the following minor children:

Full name	Date of Birth (mm/dd/yyyy)	Minor's Gender (select one)	Present address(es) (do not list if confidential to other party)
		<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	
		<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	
		<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	
		<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	
		<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	
		<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	

☐ The plaintiff and defendant are not parents to minor children. (Skip to Section 9 if selected.)

6. Custody and residence of the minor child(ren):

Who currently has primary physical residence of the above-named child(ren)?

List anyone, other than the parties, that has physical custody of the minor child(ren), or claims to have custody or visitation rights with respect to the minor child(ren):

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List below where and with whom the minor child(ren) have lived **within the past 5 years**, starting with the most recent location (*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 (<i>do not list if confidential to the other party</i>)	Dates lived with that person (mm/yy – mm/yy)	Town/State where child(ren) lived with that person

7. Public assistance and child support:

Select all that apply:

- ☐ Public assistance benefits have been or are now being received for the minor child(ren).
- ☐ The Department of Health and Human Services has been contacted to set up, review, change, or enforce a child support order regarding the minor child(ren). (*If an order has issued, a copy of the order must be attached to this complaint.*)

8. Other court cases involving custody of the minor child(ren):

You must select either (a) or (b):

- ☐ (a) Plaintiff does **not** know of any cases in Maine or any other state concerning the custody of the child(ren) named in this complaint; or

- ☐ (b) Plaintiff knows about the following case(s) in Maine or any other state concerning the custody of the child(ren) named in this complaint (*select all that apply*):

- ☐ Divorce or family matter
- ☐ Protection from abuse or restraining order
- ☐ Guardianship of minor ☐ Name change of minor ☐ Adoption of minor
- You **must** select the court in which the case was filed: ☐ Probate Court ☐ District Court
- ☐ Protective custody
- ☐ Juvenile matter
- ☐ Other (*describe what kind of other case*): _____

If there are any court orders awarding custody, visitation, etc. for the child(ren), any court orders against the defendant, or any actions pending against either the plaintiff or the defendant, give details:

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9. Other court actions involving the parties:

One or both of the parties are involved in the following related cases (*select all that apply*):

☐ Divorce or family matter action

☐ Protection from abuse

☐ Probate

☐ Protective custody

☐ Criminal Complaint

☐ Other (*describe what kind of other case*) _____

10. Temporary order:

Select all that apply:

☐ I am in immediate and present danger of abuse by the defendant. I ask that the court issue a temporary order to protect me without prior notice to the defendant.

☐ My minor children or the older, dependent, or incapacitated adult I am filing this complaint on behalf of are in immediate and present danger of abuse by the defendant. I ask that the court issue a temporary order to protect my minor child(ren) or the older, dependent, or incapacitated adult without prior notice to the defendant.

☐ I am not asking for a temporary order.

11. Defendant access, possession, and use of weapon(s):

Defendant has (*select all that apply*):

☐ access to ☐ possess a ☐ firearm, ☐ muzzle loading firearm, ☐ bow or crossbow, or ☐ other dangerous weapon(s).

If you selected any of the above, describe the weapon(s) the defendant has access to or is in possession of and if known, provide its current or last known location:

Has the defendant ever used a firearm, muzzle loading firearm, bow or crossbow, or other dangerous weapon in an intimidating, threatening, or abusive way? ☐ Yes ☐ No

If "Yes":

What did the defendant use (*select all that apply*):

☐ Firearm

☐ Muzzle loading firearm

☐ Bow or crossbow

☐ Other dangerous weapon

Describe what happened:

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12. Explain in detail why you are asking for protection from the defendant—who, what, when, where, etc. (If additional space is needed, attach another page).

[illegible]

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[illegible]

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Therefore, I ask the court to enter any necessary and appropriate orders and *(select all that apply)*:

- ☐ (a) Order the defendant to stop abusing ☐ me ☐ and/or the person(s) I am filing this complaint on behalf of.
- ☐ (b) Order the defendant to have no contact with ☐ me ☐ and/or the person(s) I am filing this complaint on behalf of.
- ☐ (c) Order the defendant not to enter ☐ my separate residence ☐ and/or the residence of the person(s) I am filing this complaint on behalf of.
- ☐ (d) Order the defendant to refrain from repeatedly, and without reasonable cause, following me, or the person(s) I am filing this complaint on behalf of, or being at, or in the vicinity of, my/their home, school, business or place of employment.
- ☐ (f) Order the defendant not to possess or use a firearm, muzzle loading firearm, bow, crossbow or dangerous weapon.
- ☐ (g) Order the defendant to remove, destroy, or return the private images or direct the removal, destruction, or return of same, to stop the dissemination of the private images, and further order the defendant not to disseminate the private images at any time in the future.
- ☐ (h) Give me possession of and order the defendant to leave immediately and not again enter my residence located at:
- _____
- ☐ (i) Give me possession of the following personal household property including pets and order defendant not to injure or threaten to injure any animals *(name/description of animals)*:
- _____
- _____
- _____
- ☐ (j) Award me temporary parental rights and responsibilities of the following child(ren) *(names and ages)*:
- _____
- _____
- _____
- ☐ (k) Give the defendant the following rights of contact with regard to the child(ren):
- _____
- _____
- _____
- ☐ (l) Order the defendant to receive counseling.
- ☐ (m) Order the defendant to pay support for me and/or our child(ren). *(If you are asking the defendant to pay support for your child(ren), please complete the following forms: FM-050, FM-040, FM-040-A if applicable, and CR-CV-FM-PC-200.)*
- ☐ (n) Order the defendant to pay monetary relief for me for losses suffered as a result of the defendant's conduct, pay court costs and attorney fees.
- ☐ (o) With regard to sex trafficking, order the defendant to pay economic damages related to the return or restoration of the plaintiff's passport or other immigration document, or pay any debts of the plaintiff arising from the sex trafficking relationship.

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- ☐ (p) Order the defendant to refrain from destroying, transferring, or tampering with the plaintiff's passport or other immigration document in the defendant's possession.
- ☐ (q) Other relief requested:

Pursuant to 19-A M.R.S. § 4106(4) you are hereby put on notice that it is a crime to make a false statement under oath in a court document:

☐ 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

PLEASE NOTE: If you are not filing this complaint electronically, you must have a clerk or notary sign below. If you are filing this complaint electronically, you may file it without notarization as long as you checked off the above certification and signed this document.

STATE OF MAINE

COUNTY _____

Personally appeared the above named, _____, and made oath that the foregoing statements are true under penalty of perjury.

Date (mm/dd/yyyy): _____



☐ Clerk ☐ Notary Public ☐ Attorney

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