

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

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): _____

If different, mailing address: _____

Telephone number: _____

If you are filing this complaint on behalf of a minor, please 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

2. Defendant information:

Full name: _____

Gender: Female Male Other

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

ADA Notice: The Maine Judicial Branch complies with the Americans with Disabilities Act (ADA). If you need a reasonable accommodation, contact the Court Access Coordinator, accessibility@courts.maine.gov, or a court clerk.

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

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

Present street address: _____

If different, mailing address: _____

Telephone number: _____

If you are filing this complaint against a defendant on behalf of a minor, please 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

3. Plaintiff's former residence (if different from above), which plaintiff has left to avoid abuse (*street address, city, state*): _____

4. Plaintiff's relationship to the defendant is:

- | | |
|--|---|
| <input type="checkbox"/> spouse
<input type="checkbox"/> former spouse
<input type="checkbox"/> father/mother of my child(ren)
<input type="checkbox"/> minor child of a household member
<input type="checkbox"/> relative
<input type="checkbox"/> former or present sexual partner
<input type="checkbox"/> formerly or presently living together
<input type="checkbox"/> dating partner
<input type="checkbox"/> victim of defendant's sexual assault
<input type="checkbox"/> victim of defendant's stalking
<input type="checkbox"/> victim of unauthorized dissemination of certain private images | <input type="checkbox"/> 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
<input type="checkbox"/> victim of sex trafficking
<input type="checkbox"/> victim of nonconsensual removal of or tampering with a condom
<input type="checkbox"/> plaintiff is a minor who is a victim of sexual exploitation or dissemination of sexually explicit material
<input type="checkbox"/> plaintiff is a minor who is a victim of harassment by telephone or electronic communication device |
|--|---|

If none of the above options apply, describe relationship:

5. Plaintiff and defendant are the parents of the following 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	_____

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_____	_____	<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	_____

List below where and with whom the child(ren) have lived within the **past 5 years**, in order from the most recent (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 the other party)	Dates lived with that person (mm/yy – mm/yy)	Town/State where child(ren) lived with that person
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

6. The person who has primary physical residence of the above-named child(ren) is:

7. Plaintiff has not been involved in any way in, and has no information about, another court case in any state concerning the custody of the child(ren) named in response to question 5, except as follows:

- Divorce or family matter action
- Protection from abuse
- 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) or any court orders against the defendant or any actions pending against either the plaintiff or the defendant, give details:

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8. One or both of the parties are involved in the following related cases:

- Divorce or family matter action
- Probate
- Criminal Complaint
- Other (describe what kind of other case) _____
- Protection from abuse
- Protective custody

9. No one other than the parties has physical custody of the child(ren), or claims to have custody or visitation rights with respect to the child(ren), except as follows:

10. Check all of the following that apply:

- I am in immediate and present danger of abuse by the defendant, and I ask that the court issue a temporary order to protect me without prior notice to the defendant.
- My children are in immediate and present danger of abuse by the defendant, and I ask that the court issue a temporary order to protect my minor child(ren) without prior notice to the defendant.
- I am not asking for a temporary order.

11. Answer the following questions:

Does defendant have access to possess a firearm, muzzle loading firearm, bow or crossbow, or other dangerous weapons?

If yes, describe the firearm, muzzle loading firearm, bow or crossbow, or other dangerous weapons 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, please describe what happened:

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13. Check the following if applicable:

- Public assistance benefits have been or are now being received for the 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 child(ren). (If an order has issued, a copy of the order must be attached to this complaint.)

14. To the personal knowledge of the undersigned, defendant is not in the Military Service of the United States, as defined in the Servicemembers Civil Relief Act of 2003 (50 USC App. § 511). This fact is established by the following facts as to residence, employment, etc.:

Therefore, I ask the court to enter any necessary and appropriate orders and:

- (a) Order the defendant to stop abusing me and my minor child(ren) living in the household.
- (b) Order the defendant to have no contact with me or my minor child(ren).
- (c) Order the defendant not to enter my separate residence.
- (d) Order the defendant to refrain from repeatedly, and without reasonable cause, following me or being at, or in the vicinity of, my home, school, business or place of employment.
- (e) Order the defendant not to possess or use a firearm, muzzle loading firearm, bow, crossbow or dangerous weapon.
- (f) Order the defendant to remove, destroy, or return the private images or to 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.
- (g) Give me possession of and order the defendant to leave immediately and not again enter my residence located at:

(h) Give me possession of the following personal and household property including pets and order defendant not to injure or threaten to injure any animals (name/description of animals):

(i) Award me temporary parental rights and responsibilities of the following child(ren) (names and ages):

(j) Give the defendant the following rights of contact with regard to the child(ren):

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- (k) Order the defendant to receive counseling.
- (l) 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.)*
- (m) Order the defendant to pay monetary relief to me for losses suffered as a result of the defendant’s conduct, pay court costs and attorney fees.
- (n) 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.
- (o) Order the defendant to refrain from destroying, transferring, or tampering with the plaintiff’s passport or other immigration document in the defendant’s possession.
- (p) 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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