

MAINE JUDICIAL BRANCH

Plaintiff

DISTRICT COURT

Location (Town): _____

Docket No.: _____

individually **and** on behalf of:

on behalf of:

V.

Defendant

on behalf of:

PLAINTIFF'S MOTION TO EXTEND ORDER FOR PROTECTION

With request for modification of extended order
19-A M.R.S. § 4111, 5 M.R.S. § 4655(2)

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

1. I obtained an Order for Protection against the defendant from this court. That Order will expire on (mm/dd/yyyy) _____.
2. I believe that an extension of the Order for Protection is necessary to protect me and/or my minor child(ren) for the following reasons:

THEREFORE, I ask the court to:

- (a) Extend my Order for Protection against the defendant for (*length of extension requested*):

_____.

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.

MAINE JUDICIAL BRANCH

(b) I also request that my extended Order for Protection be changed or modified as follows:

(c) If a hearing on this motion cannot be held before the Order for Protection expires, I ask the court to continue the Order in effect until the hearing on this motion to extend.

I swear under penalty of perjury that the above statements are true and correct. I understand that these statements are made for use as evidence in court and that I am subject to prosecution for perjury punishable by up to 5 years in prison and a fine of up to \$5,000.00 if I give false information to the court.

Date (mm/dd/yyyy): _____



Signature of Plaintiff

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

STATE OF MAINE

COUNTY _____

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

Date (mm/dd/yyyy): _____



Clerk Notary Public Attorney

NOTICE OF HEARING

The parties are notified that the hearing in this matter is set for (mm/dd/yyyy) _____ at _____ am pm at the court located at: _____.

IMPORTANT WARNING: If you fail to appear at court at the above stated time, or at any time the court notifies you to do so, the court may extend the Order for Protection in your absence. The court may grant any or all the relief requested by the plaintiff. A violation of a protection order may constitute a Class D crime or contempt of court. If you intend to oppose this motion to extend, do not fail to appear at the required time. You may obtain a booklet of information about protection from abuse/harassment cases from the court or on the court's website.

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MAINE JUDICIAL BRANCH

EX PARTE ORDER EXTENDING ORDER FOR PROTECTION

The hearing on the motion to extend is scheduled **after the expiration** of the underlying order for protection. The court hereby extends the order for protection until the hearing on the motion to extend.

The hearing on the motion to extend is scheduled **before the expiration** of the underlying order for protection. If the court reschedules the hearing to a date after the expiration of the order for protection, the order will automatically be extended until the hearing on the motion to extend.

Copies of this Order shall be furnished by the clerk to the law enforcement agency with jurisdiction in the location of the plaintiff's residence.

It is ORDERED that a copy of this Order be served on the defendant by: _____
(law enforcement agency)

Date (mm/dd/yyyy): _____ ▶ _____
Judge, District Court

RETURN OF SERVICE

On (mm/dd/yyyy) _____ at _____ AM PM, I made service of the Motion to Extend Order for Protection/Order of Extension by delivering a copy in hand to the defendant at:

Defendant's date of birth (mm/dd/yyyy): _____

Date (mm/dd/yyyy): _____ ▶ _____
Authorized Officer signature

Authorized Officer printed name

Law Enforcement Agency

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