

MAINE JUDICIAL BRANCH

\_\_\_\_\_  
\_\_\_\_\_  
Plaintiff

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

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

**AFFIDAVIT AND REQUEST FOR SERVICE**

M.R.S.C.P. 4(b), 12(a)(2)

I, \_\_\_\_\_, depose and say:

I am the plaintiff or representative of the plaintiff in this case.

I have not filed, and I do not intend to file, three (3) or more small claims cases in this State during this calendar month.

I request the clerk to arrange for service of the (*choose one*):  
 Statement of Claim  
 Notice of Disclosure Hearing

The clerk will first attempt to make service by mail. Service by mail is complete when an acknowledgment of service is signed and returned to the clerk’s office. If a signed acknowledgment is not returned within 20 days of the date of mailing, the clerk will arrange for service by Sheriff **only if authorized to do so by the plaintiff.**

*“X” one box below to indicate what you authorize for Sheriff service.*

**I authorize** the clerk to arrange for service by the Sheriff if service cannot be made by mail. I understand I must pay the Sheriff’s Department the full cost of service.

**I authorize** the clerk to arrange for service by the Sheriff if service cannot be made by mail. I am willing to pay up to \$ \_\_\_\_\_. If the cost of service will be more than that, I do not want the Sheriff to complete service and request that the filing be returned to the court unserved. I understand that I am responsible for the cost of the Sheriff’s search, even if service is not made. If service cannot be made for the amount listed above or less, I request that the court dismiss the matter without prejudice.

**I do not authorize** the clerk to arrange for service by the Sheriff. If service cannot be made by mail, I request that the case be dismissed without prejudice.

**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).

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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 \$5,000.00 if I give false information to the court.

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



\_\_\_\_\_  
Signature of Affiant

Printed name of affiant: \_\_\_\_\_

Address of affiant: \_\_\_\_\_

\_\_\_\_\_

Personally appeared the above-named \_\_\_\_\_  
and made oath that the foregoing statements are true.

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



\_\_\_\_\_  
Notary Public/Attorney/Clerk

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