

**ADOPTION, GUARDIANSHIP OF A MINOR, AND NAME CHANGE FM SUMMARY SHEET: M.R. Civ. P. 5(h)**

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 Petition or Motion. You are not required to give a copy of this form to the other party(ies).

<b>COURT LOCATION</b> (Where you are filing this action):
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**TYPE OF ACTION** (Check one box):

<input type="checkbox"/> Adoption	<input type="checkbox"/> Guardianship of a Minor	<input type="checkbox"/> Name Change
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**TYPE OF FILING** (Check one box):

<input type="checkbox"/> Original Proceeding
<input type="checkbox"/> Transferred Probate Matter, Original Docket # is:
Post-Judgment Motion: <input type="checkbox"/> to terminate guardianship of a minor. <input type="checkbox"/> other: _____.
Original Docket # is:

**PETITIONER INFORMATION:** (Person starting the action or if post-judgment, name of person who was the petitioner in the original case.)

Name: First	Middle	Last	Maiden	
Mailing Address:		City	State	Zip
Physical Address:		City	State	Zip
Gender:	Date of Birth:	Social Security number disclosure required on separate form.		
Home Telephone:		Work Telephone:		
Attorney's Name:		Bar ID#:		

**CO-PETITIONER INFORMATION (IF APPLICABLE):**

Name: First	Middle	Last	Maiden	
Mailing Address:		City	State	Zip
Physical Address:		City	State	Zip
Gender:	Date of Birth:	Social Security number disclosure required on separate form.		
Home Telephone:		Work Telephone:		
Attorney's Name:		Bar ID#:		

**RESPONDENT INFORMATION:** (Person being served or if post-judgment, name of person who was the respondent in the original case.)

Name: First	Middle	Last	Maiden	
Mailing Address:		City	State	Zip

Physical Address:		City	State	Zip
Gender:	Date of Birth:	Social Security number disclosure required on separate form.		
Home Telephone:		Work Telephone:		
Attorney's Name:		Bar ID#:		

**CO-RESPONDENT INFORMATION (IF APPLICABLE):**

Name: First		Middle	Last	Maiden	
Mailing Address:			City	State	Zip
Physical Address:			City	State	Zip
Gender:	Date of Birth:	Social Security number disclosure required on separate form.			
Home Telephone:			Work Telephone:		
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:	Social Security number disclosure required on separate form.			
Home Telephone:			Work Telephone:		
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:	Social Security number disclosure required on separate form.			
Home Telephone:			Work Telephone:		
Attorney's Name:			Bar ID#:		

**MINOR CHILD(REN) INFORMATION:**

Full name:

Date of Birth:

Gender:

			Social Security number disclosure required on separate form.
			Social Security number disclosure required on separate form.
			Social Security number disclosure required on separate form.
			Social Security number disclosure required on separate form.
			Social Security number disclosure required on separate form.

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Petitioner or Petitioner's Attorney

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Co-Petitioner or Co-Petitioner's Attorney