MAINE JUDICIAL BRANCH

MOTION TO MODIFY:
What to do with these Court Forms

Here are a few tips for filling out the forms:

- Always use full legal names, not nicknames.
- Type or print neatly.
  - Fillable versions of the forms are available on our website at: http://courts.maine.gov/fees_forms/forms.
- You will file each form with the Court. Before you do that, make copies of your completed forms—one for yourself and one copy for each of the other parties. You will need to find a place to make copies (like a library). The court clerk cannot make copies for you.

STEP ONE: Fill out the Forms

Family Matter Summary Sheet (FM-002)
This form is required for the clerk to start an action. In order to fill out this form you need to enter contact information for yourself and for any other party.

Motion to Modify (FM-062)
The section at the top of the form is called the "caption." Look at the caption on your original Court Order and copy the court location, docket number and names of Plaintiff and Defendant. (This information stays the same. If you were the defendant before, you are still the defendant, even though you are the one filing the motion to modify.) If you can't find your original order, you can obtain a copy from the clerk. If you are trying to change the amount of child support **only**, check that box that reads "Child Support Only" under the words "Motion to Modify." Please complete pages 1 through 3 as instructed. You must sign page 4 this form in front of a notary public. You can find a notary at a bank, a legal services office, through your town office, or at the court clerk's office.

Social Security Number Disclosure Form (CV-CR-FM-PC-200)
You are required by both State and Federal law to provide your social security number along with your children's social security numbers. This information is collected on the Social Security Number Disclosure form, which will be placed in a confidential envelope in the court file. This form is included in your packet.

Child Support Affidavit (FM-050) (for cases with minor children)
Fill out the "caption" the same way that you did on the complaint form. Fill out the rest of the form to the best of your knowledge. Note that you must list last year's earned income and this year's expected earned income separately under #1. Also note that you must list other income under #2 and fringe benefits under #3. You may have to look at your records, if you have them, to get financial information. You must sign this form in front of a notary public. After the defendant gets your Complaint, the Court will ask the defendant to fill out the same financial form and send you a copy.

Notice Regarding Electronic Service (CR-CV-FM-255)
This packet contains **two** copies of this form. **You have the choice** to allow the opposing party to serve documents on you by email. To do this, you must complete one of the copies of the Notice Regarding Electronic Service (CR-CV-FM-255) and include that in the packet of forms that you serve on the opposing party. Make sure to also include the second blank copy of this form in the packet of forms that you serve on the opposing party. If the opposing party wants to allow you to serve documents by email, the opposing party must complete the form and send it back to you. Do **not** file this form with the court.

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.

PLEASE NOTE: Receiving filings by email in your case is **completely optional**. If you wish to receive paper filings in your case, you do **not** have to complete this form. However, if you do complete the form, you do **not** need to file it with the court.

STEP TWO: Serve the Forms

Now you must give copies to the defendant. This is called "serving" the court papers. Court rules say you can do this in one of three ways: (1) You can mail the papers, asking the other party to agree to "service;" (2) you can send the papers by certified mail, restricted delivery; or (3) you can pay a sheriff to give the copies to the other party. You must file proof of service with the court.

Service by Mail

Mail or hand-deliver these papers to the other party:

- Copy of Motion to Modify
- Copy of Child Support Affidavit (for cases with minor children)
- Two copies of Acknowledgment of Receipt of Summons and Complaint (after you have filled in the "caption" on both copies)
- Blank copy of the Notice Regarding Electronic Service (CR-CV-FM-255)
- Completed copy of the Notice Regarding Electronic Service (CR-CV-FM-255) (only if you want to agree to email receipt of documents filed by the opposing party in your case)
- Stamped, self-addressed envelope

The Acknowledgment of Receipt form asks the other party to sign it, showing that the other party got the papers, and to return the form to you within 20 days. If you get the signed Acknowledgment back within 20 days, go on to Step 3. If not, then you will need to serve the papers another way.

Service by Certified Mail, Restricted Delivery

Take these papers to the post office along with an envelope:

- Copy of Motion to Modify
- Copy of Child Support Affidavit (for cases with minor children)
- Blank copy of the Notice Regarding Electronic Service (CR-CV-FM-255)
- Completed copy of the Notice Regarding Electronic Service (CR-CV-FM-255) (only if you want to agree to email receipt of documents filed by the opposing party in your case)

Tell the postal clerk that you want to send the papers by certified mail. Make sure you ask for a "Return Receipt" and "Restricted Delivery." This costs more and involves a few extra steps. Get forms and help from your post office. File with the court clerk the green card you get back from the post office, to prove that the other party got the papers.

Service by Sheriff

Mail or take to your county sheriff's office:

- The original and one copy of the Motion to Modify
- Copy of Child Support Affidavit (for cases with minor children)
- Blank copy of the Notice Regarding Electronic Service (CR-CV-FM-255)
- Completed copy of the Notice Regarding Electronic Service (CR-CV-FM-255) (only if you want to agree to email receipt of documents filed by the opposing party in your case)

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In a letter, or in person, ask the sheriff's office to serve the papers on the other party. Give the other party's home address. If you think the other party will be hard to find at home, give the other party's work address. The deputy who "serves" the papers will complete page two of the Summons and return the original to you. There is a charge for this service - please contact the sheriff's office for the county where the other party lives for information on costs of service. **The deputy who "serves" the papers will complete page 5 of the motion and return the original to you.**

STEP THREE: File the Forms

Within 20 days after serving the other party, hand-deliver or mail to the court clerk these original forms:

- ☐ **Summary Sheet**
- ☐ **Motion**
- ☐ **SSN Disclosure Form**
- ☐ **Child Support Affidavit**
- ☐ **Summons (included in the motion on page 5)** (REQUIRED regardless of how service was completed, and should be filed with deputy's signature **if** you used sheriff's service)
- ☐ **Acknowledgment of Receipt** (if you used service by mail)
- ☐ **Green card you got back from the post office** (if you used certified mail for service)

Please note: you must file at least one type of proof of service for each other party to the case.

The Court charges a fee to file your papers. Later you may be charged a mediation fee (shared by the parties). If you cannot afford the court fees, you may ask the clerk for an Application to Proceed Without Payment of Fees and an Affidavit. Then file the forms with the clerk along with your other papers. A judge will review your financial information and decide whether you qualify for a "fee waiver." If the waiver is denied, you must pay the filing fee within 7 days. If the waiver is granted, you will not have to pay, or you will pay some of the court fees.

WHAT IS NEXT?

Once the court receives a complete filing, the clerk will schedule the first court event with a family law magistrate (for cases with children) or judge (for cases without children). **For more information on this and the rest of the court process, please visit the Family and Children page at the Maine Judicial Branch website listed below or read "A Guide to Family Separation in Maine" that is provided to every party at the start of a case.**

Forms Required After Initial Filing

Whenever you file with the court any of these forms, or any other document, you must send a copy to the opposing party.

Child Support Worksheet (FM-040) and, if applicable, Supplemental Worksheet (FM-040-A)

If the motion to modify involves child support, parties must complete a Child Support Worksheet (FM-040) and file it with the Court no later than 3 days before a court hearing, whether contested or uncontested. It is recommended that a party file a Child Support Worksheet with the Child Support Affidavit at the time of filing. There are instructions on the worksheet for how to complete it. Parties who share substantially equal care of the minor child(ren) as defined in 19-A M.R.S. § 2006(5)(D-1) must also complete and file a Supplemental Worksheet (FM-040-A) at the same time they file a Child Support Worksheet.

Federal Affidavit (FM-052)

If the responding party has not entered an appearance or appeared in court by the time of the final hearing, the filing party must file a Federal Affidavit (FM-052) stating under oath that the responding party is not serving in the military or an affidavit signed by responding party waiving rights conferred by the Service Members Civil Relief Act.

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HELPFUL RESOURCES

A Guide to Family Separation in Maine: This guide will help you better understand the court process in family law cases such as divorce and parental rights and responsibilities (PR&R) cases. PR&R cases involve parties who have a child, but are not married. You can get a copy of this guide at the court or access it online www.courts.maine.gov.

Maine Judicial Branch website: The Families and Children page of the website includes information on many different types of family cases. Please visit that page for information on what to expect from the court process and issues that may come up in your case.

Mediation: A mediator may be able to help you and the other party or parties reach an agreement on issues relating to your case. Mediation can be arranged through the court or a private mediator.

Parent education: A parent education program specifically designed for divorcing or separating parents may help you focus on the needs of your children. The court may order you to attend one of these programs.

Child Support Table: These guidelines, by law, are issued by DHHS and are used to help determine child support obligations according to income. This table is available online at:
http://courts.maine.gov/fees_forms/forms/index.shtml or from any District Court clerk's office.

For more information about these resources, speak with the court clerk or visit the Maine Judicial Branch website at: www.courts.maine.gov.

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MAINE JUDICIAL BRANCH

FAMILY AND PROBATE MATTER SUMMARY SHEET

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 Complaint or Motion.

PLEASE NOTE: You are not required to give a copy of this form to the other party.

COURT LOCATION (where you are filing this action)**:**

TYPE OF ACTION (*select one*)**:**

- ☐ Divorce – real estate involved
- ☐ Divorce – no real estate
- ☐ Parental Rights & Responsibilities (unmarried parents)
- ☐ Parentage (determining parents of a child)
- ☐ Judicial Separation
- ☐ Annulment
- ☐ Adoption of a minor
- ☐ Guardianship of a minor
- ☐ Name change of a minor
- ☐ Registration of foreign judgment or order
- ☐ Other family matter

TYPE OF FILING (*select one*)**:**

☐ Original proceeding ☐ Case transferred from probate court. Original docket number:

☐ Post-Judgment Motion: Original docket number: _____

☐ to Modify ☐ to Enforce ☐ for Contempt ☐ to Terminate Parental Rights

☐ Other:

Plaintiff/Petitioner Information: (Person starting the action or if post-judgment, name of person who was the plaintiff or petitioner in the original case.)

Name: First	Middle	Last	Maiden	
Mailing Address:	City		State	Zip
Physical Address:	City		State	Zip
Gender:	Date of Birth (*mm/dd/yyyy*):	SS Number Disclosure Required on separate form		
Home Telephone:	Work Telephone:			
Email:				
Attorney's Name:	Bar ID#:			

Plaintiff/Petitioner Information: (A second plaintiff or petitioner, or person starting the case, if applicable.)

Name: First	Middle	Last	Maiden	
Mailing Address:	City		State	Zip
Physical Address:	City		State	Zip
Gender:	Date of Birth (*mm/dd/yyyy*):	SS Number Disclosure Required on separate form		

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Home Telephone:	Work Telephone:
Email:	
Attorney's Name:	Bar ID#:

Defendant/Respondent Information: (Person being served or if post-judgment, name of person who was the defendant or respondent in the original case.)

Name: First	Middle	Last	Maiden	
Mailing Address:	City		State	Zip
Physical Address:	City		State	Zip
Gender:	Date of Birth (*mm/dd/yyyy*):		SS Number Disclosure Required on separate form	
Home Telephone:			Work Telephone:	
Email:				
Attorney's Name:			Bar ID#:	

Defendant/Respondent Information: (A second defendant or respondent, or person being served, if applicable.)

Name: First	Middle	Last	Maiden	
Mailing Address:	City		State	Zip
Physical Address:	City		State	Zip
Gender:	Date of Birth (*mm/dd/yyyy*):		SS Number Disclosure Required on separate form	
Home Telephone:			Work Telephone:	
Email:				
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 (*mm/dd/yyyy*):		SS Number Disclosure Required on separate form	
Home Telephone:			Work Telephone:	
Email:				
Attorney's Name:			Bar ID#:	

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MAINE JUDICIAL BRANCH

Minor Children (of above parties)**:**

Full name	Date of Birth (*mm/dd/yyyy*)	Gender	
			SS Number Disclosure Required
			SS Number Disclosure Required
			SS Number Disclosure Required
			SS Number Disclosure Required
			SS Number Disclosure Required
			SS Number Disclosure Required

Parentage Issues (if any)**:**

☐ The child(ren) do not have any other acknowledged, adjudicated, intended, de facto, or presumed parents.

OR

☐ The child(ren) have an acknowledged, adjudicated, intended, de facto, or presumed parent. (You must complete a separate summary sheet for every additional parent that your child has, and all parents must be served with a copy of the Complaint and made a party to your action.)

Date (*mm/dd/yyyy*): _____

▶ _____

Signature of ☐ party ☐ party's attorney

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MAINE JUDICIAL BRANCH

_____ Plaintiff

V.

_____ Defendant

_____Other party, if any

DISTRICT COURT
Location (Town):_____
Docket No.:_____

MOTION TO MODIFY

☐ Child Support Only

19-A M.R.S. §§ 951-A, 1501-1510, 1653, 1657, 2001-2011

PLEASE NOTE: If either party wishes to keep an address confidential, that party may complete an Affidavit for Confidential Address (FM-057). This form is available at the Clerk's Office or at www.courts.maine.gov.

1. I am the ☐ plaintiff ☐ defendant in this case and I now reside in *(town)* _____, *(county)* _____, *(state)* _____.
   Please write "confidential" in the space above if you are filing an Affidavit for Confidential Address.

2. ☐ The other party now resides in *(town)* _____, *(county)* _____, *(state)* _____.
   OR
   ☐ Residence of the other party is unknown and I have used reasonable efforts and cannot locate the other party.

3. Circumstances have changed substantially since the Court's Judgment or Order in this case, dated (*mm/dd/yyyy*) _____. The changes concern the following issues (*check all that apply*):
   ☐ Parental rights and responsibilities;
   ☐ Primary residential care of the minor child(ren). (☐ I have filed FM-050 Child Support Affidavit with the Court and exchanged a copy with all other parties);
   ☐ Rights of contact or visitation with the minor child(ren);
   ☐ Child support (☐ I have filed FM-050 Child Support Affidavit with the Court and exchanged a copy with all other parties);
   ☐ Spousal support (alimony); and/or
   ☐ Other: _____
   _____
   _____
   _____

IF THIS CASE DOES NOT INVOLVE MINOR CHILDREN, PLEASE SKIP TO NUMBER 9.

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4. Plaintiff and defendant are the parents of the following children:

Full name	**Date of birth (*mm/dd/yyyy*)**	**Present address(es) (do not list if confidential to other party)**

5. List below where and with whom the child(ren) have lived within the **past 5 years**, in order from the most recent, 19-A M.R.S. § 1753 (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 other party)	Dates lived with that person (*mm/yy*) – (*mm/yy*)	Town/State where child(ren) lived with that person

6. No one other than the plaintiff or defendant has physical custody of the child(ren), or claims to have custody or visitation rights with respect to the child(ren) except: _____

_____

7. Plaintiff has not been involved in any way in, and has no information about, another Court case in Maine or in any other state concerning custody of the minor child(ren) except as follows:
   - ☐ Protection from Abuse (provide docket number): _____
   - ☐ Probate matter (provide docket number): _____
   - ☐ Other (describe what kind of case and provide docket number): _____

8. ☐ No public assistance benefits (MaineCare or TANF) have ever been received for the child(ren).

   OR

   ☐ Public assistance benefits (MaineCare or TANF) have been, are now, or will be received for the child(ren).

   AND

   ☐ The Department of Health and Human Services **has** issued a child support order regarding the child(ren). *(If such an order has been issued, a copy of the order must be attached to this motion.)*

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9. **SUBSTANTIAL CHANGE IN CIRCUMSTANCES.**

☐ I do not have to show any change in circumstance because:

☐ I am only seeking to modify child support, and a child support order was not issued or modified within the last three years. 19-A M.R.S. § 2009(3).

☐ Other: _____

OR

☐ Describe below the substantial change in circumstances that has occurred since the Judgment or Order and why you believe these changes should cause the Court to change the Judgment or Order:

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

10. I am asking the Court to review the Judgment or Order and make the following changes:

_____
_____
_____
_____
_____
_____
_____

11. **WHEREFORE,** I ask the Court to modify those portions of the Judgment or Order as requested in number ten of this motion; and

☐ Order the other party to pay my court costs, reasonable attorney fees, and grant such other relief as the Court deems just and proper.

☐ 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 if I give false information to the court.

Date (*mm/dd/yyyy*): _____

▶ _____
Signature of ☐ plaintiff ☐ defendant

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MAINE JUDICIAL BRANCH

Attorney: _____
Address: _____
_____
_____
Telephone: _____
Email: _____

Name: _____
☐ Address is confidential (if so, leave blank below)
Address: _____
_____
Telephone: _____
Email: _____

STATE OF MAINE

_____ County

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

Before me,

Date (*mm/dd/yyyy*): _____

▶ _____
☐ Attorney at Law ☐ Notary Public ☐ Clerk

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MAINE JUDICIAL BRANCH

_____ Plaintiff

v.

_____ Defendant

_____ Other party, if any

DISTRICT COURT
Location:_____
Docket No.:_____

IMPORTANT WARNING TO RESPONDING PARTY

If this motion asks the Court to modify (change) a child support order and you object to the motion, you must file a written response with the Court within **30 days** after the date the motion was served on you. You must also file with the Court a completed child support affidavit. This form is available at the Clerk's office or online at www.courts.maine.gov. You must send copies of your response and affidavit to all the other parties and their attorneys, if any.

If this motion does not involve child support, you must file a written objection to the motion with the Court within **21** days after it was served on you. You must also send a copy of your objection to the other parties or their attorneys, if any.

NOTICE TO BOTH PARTIES

If this motion involves minor children, you are required to attend a case management conference at the court. Within two weeks after the moving party files with the Court proof of service of the motion to modify and child support affidavit, the Court will notify you of the date and time of the conference. The notice will be sent by regular mail.

You have the right to appear and be heard at all court events (trial, hearing, conference, mediation, etc.). If you fail to appear at any or all court events without good cause, action may be taken in your case even though you are not there. This means that the Court may, in your absence, enter an interim (temporary) order, or hold a final hearing and enter a final order or judgment regarding any or all of the issues in your case, including but not limited to, paternity or parentage, parental rights and responsibilities for children (decision-making, residence, contact, etc.), child support, spousal support (alimony), and attorney fees. The Court also has the option to dismiss any pleading that you have filed if you do not appear in Court. It is your own responsibility to be sure that the Court has your correct mailing address. Any change of address must be in writing and delivered to the Clerk's office by hand or regular mail.

The District Court is located at:

_____

STATE OF MAINE

County of _____, ss.

On (*mm/dd/yyyy*) _____, I served the Motion to Modify upon the defendant by delivering a copy of the same at the following address: _____.

☐ to the above-named defendant in hand.

☐ to _____ (name), a person of suitable age and discretion who was then residing at the defendant's usual residence.

☐ to _____ (name), who is authorized to receive service for the defendant.

☐ by (describe other manner of service):_____

COST OF SERVICE:

Service $_____
Travel $_____
Postage $_____
Other $_____

▶ _____
Signature of person making service

_____
Title

OR

I, the ☐ plaintiff ☐ defendant, have completed service by:

☐ Certified Mail, Restricted Delivery, Return Receipt; ☐ Acceptance of Service; ☐ Signed Acknowledgment Form

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CONTAINS NONPUBLIC DIGITAL INFORMATION

MAINE JUDICIAL BRANCH

_____ Plaintiff(s)
_____

V.

_____ Defendant(s)
_____

"X" the court for filing:
☐ Superior Court ☐ District Court
☐ Unified Criminal Docket
County: _____
Court Location (Town) _____
Docket No.:_____

SOCIAL SECURITY NUMBER
CONFIDENTIAL DISCLOSURE FORM

My Social Security account number is _____ - _____ - _____.

Date (*mm/dd/yyyy*):_____

▶ _____
☐ Plaintiff ☐ Defendant

Family Matter Cases Only (divorce, separation, parental rights & responsibilities)

1. If this case is a Family Matter case, the child(ren) involved must also have their Social Security Number disclosed:

Child's Name	Social Security Number

2. ☐ A Protective Custody case is currently pending. The Court/Docket Number:

_____

PLEASE NOTE: This form is confidential and shall not be disclosed unless ordered by the court.

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MAINE JUDICIAL BRANCH

Complete the caption that applies to your case:

☐ _____ Plaintiff/Petitioner

V.

_____ Defendant/Respondent

_____ Other Party

"X" the court for filing:

☐ Superior Court ☐ District Court

☐ Unified Criminal Docket

☐ Supreme Judicial Court

County: _____

Location (Town): _____

Docket No.: _____

OR

☐ IN RE: _____

NOTICE REGARDING ELECTRONIC SERVICE

NOTICE TO PARTIES: All parties who are represented by an attorney are subject to the requirements of Electronic Service under Rule 5 of the Maine Rules of Civil Procedure, and Rule 49(d) of the Maine Rules of Unified Criminal Procedure.

OPT IN: *If you do not have an attorney*, papers that must be served on you by other parties in this case will be sent to you through the regular mail to your address of record. But **you have a choice** to allow other parties to serve you by sending documents electronically to your designated email address.

PLEASE NOTE: **Any electronic service that you opt into applies only to papers served on you by other parties.** It does not apply to documents that are sent to you by the court or documents that you file with the court.

Even if you opt in to allow service by email, you can only send documents to the other parties by email if (1) they also opt in by completing this form, and (2) you can scan and create .pdf files of documents.

If you choose not to opt in, you do not need to do anything. If you would like to receive papers electronically, you must meet the requirements set forth below. Check the appropriate box(es), sign, and mail or email the form to all other parties in the case. Do not file this form with the Court.

☐ **Electronic Receipt**: I choose to OPT IN to allow other parties to email me documents in this case. I have reviewed and meet all of the following electronic receipt requirements:

- ☐ I have a trusted email account and I have daily access to this account;
- ☐ I understand that **I will receive time-sensitive documents** through this email address including documents that may require me to take action in this case;
- ☐ This email account has available electronic storage of at least 1 gigabyte;
- ☐ This email account accepts emails with attachments of up to 10 megabytes; and
- ☐ I will be able to maintain this email account throughout this case.

Date (*mm/dd/yyyy*): _____

▶ _____

Signature of Self-Represented Party

(You do not have to print and sign this form. Typing your name above after /s/ will be accepted as an electronic signature.)

Print name: _____

Print email address: _____

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MAINE JUDICIAL BRANCH

Complete the caption that applies to your case:

☐ _____ Plaintiff/Petitioner

V.

_____ Defendant/Respondent

_____ Other Party

"X" the court for filing:

☐ Superior Court ☐ District Court

☐ Unified Criminal Docket

☐ Supreme Judicial Court

County: _____

Location (Town): _____

Docket No.: _____

OR

☐ IN RE: _____

NOTICE REGARDING ELECTRONIC SERVICE

NOTICE TO PARTIES: All parties who are represented by an attorney are subject to the requirements of Electronic Service under Rule 5 of the Maine Rules of Civil Procedure, and Rule 49(d) of the Maine Rules of Unified Criminal Procedure.

OPT IN: *If you do not have an attorney*, papers that must be served on you by other parties in this case will be sent to you through the regular mail to your address of record. But **you have a choice** to allow other parties to serve you by sending documents electronically to your designated email address.

PLEASE NOTE: **Any electronic service that you opt into applies only to papers served on you by other parties.** It does not apply to documents that are sent to you by the court or documents that you file with the court.

Even if you opt in to allow service by email, you can only send documents to the other parties by email if (1) they also opt in by completing this form, and (2) you can scan and create .pdf files of documents.

If you choose not to opt in, you do not need to do anything. If you would like to receive papers electronically, you must meet the requirements set forth below. Check the appropriate box(es), sign, and mail or email the form to all other parties in the case. Do not file this form with the Court.

☐ **Electronic Receipt**: I choose to OPT IN to allow other parties to email me documents in this case. I have reviewed and meet all of the following electronic receipt requirements:

- ☐ I have a trusted email account and I have daily access to this account;
- ☐ I understand that **I will receive time-sensitive documents** through this email address including documents that may require me to take action in this case;
- ☐ This email account has available electronic storage of at least 1 gigabyte;
- ☐ This email account accepts emails with attachments of up to 10 megabytes; and
- ☐ I will be able to maintain this email account throughout this case.

Date (*mm/dd/yyyy*): _____

▶ _____

Signature of Self-Represented Party

(You do not have to print and sign this form. Typing your name above after /s/ will be accepted as an electronic signature.)

Print name: _____

Print email address: _____

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.

CONTAINS NONPUBLIC DIGITAL INFORMATION

MAINE JUDICIAL BRANCH

_____ Plaintiff

V.

_____ Defendant

"X" the court for filing:
☐ Superior Court ☐ District Court
County: _____
Location (Town): _____
Docket No.: _____

ACKNOWLEDGMENT OF RECEIPT OF SUMMONS AND COMPLAINT OR POST-JUDGMENT MOTION
M.R. Civ. P. 4(c)(1)

NOTICE

Please sign the acknowledgment below and return this form in the enclosed self-addressed stamped envelope so it will be received by the sender within 20 days from the day it was mailed to you. If you do not do this, you may be required by the Court to pay for the cost of serving the Summons and Complaint or Post-Judgment Motion on you.

(Keep one copy of this form and the copy of the Complaint or Motion for your records.)

STATEMENT

By signing, dating and returning this form, I state that I received a copy of the Summons and Complaint or a copy of the Post-Judgment Motion and that:

AS TO ALL CIVIL COURT CASES, INCLUDING DIVORCE, JUDICIAL SEPARATION AND PARENTAL RIGHTS & RESPONSIBILITES, I understand that if I do not file an answer to the Complaint or an objection to the Motion within the time limits established by statute or court rule and appear at all court conferences and hearings, then a judgment may be entered against me in my absence, and Plaintiff or the moving party may request that other orders be entered against me.

AS TO DIVORCE, JUDICIAL SEPARATION, AND PARENTAL RIGHTS & RESPONSIBILITIES CASES, I understand that if I do not want to file an Answer to the Complaint, but I do want to be heard on issues of parental rights and responsibilities regarding my children, alimony, support, counsel fees and division of marital and non-marital property, I must file an Entry of Appearance form and appear at all court conferences and hearings. I may file an Answer and Counterclaim (Forms FM-186/FM-187) to a divorce or parental rights and responsibilities' complaint. If I intend to file an Answer and Counterclaim, I understand it must be filed within 20 days of being served with the complaint. You can get an Answer and Counterclaim at any District Court or at www.courts.maine.gov.

Date (*mm/dd/yyyy*): _____ ▶ _____
Signature

Printed Name: _____
☐ Attorney for: _____
Bar No. (*if applicable*): _____
Address: _____
_____
Phone: ( ) _____
Email: _____

IMPORTANT WARNING: You are responsible for notifying the court clerk of any changes to your address and telephone number. If you do not inform the clerk of any changes to either your address or telephone number, it may not be possible for you to get notices of court conferences and hearings.

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CONTAINS NONPUBLIC DIGITAL INFORMATION

MAINE JUDICIAL BRANCH

_____ Plaintiff

V.

_____ Defendant

"X" the court for filing:
☐ Superior Court ☐ District Court
County: _____
Location (Town): _____
Docket No.: _____

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AS TO DIVORCE, JUDICIAL SEPARATION, AND PARENTAL RIGHTS & RESPONSIBILITIES CASES, I understand that if I do not want to file an Answer to the Complaint, but I do want to be heard on issues of parental rights and responsibilities regarding my children, alimony, support, counsel fees and division of marital and non-marital property, I must file an Entry of Appearance form and appear at all court conferences and hearings. I may file an Answer and Counterclaim (Forms FM-186/FM-187) to a divorce or parental rights and responsibilities' complaint. If I intend to file an Answer and Counterclaim, I understand it must be filed within 20 days of being served with the complaint. You can get an Answer and Counterclaim at any District Court or at www.courts.maine.gov.

Date (*mm/dd/yyyy*): _____ ▶ _____
Signature

Printed Name: _____
☐ Attorney for: _____
Bar No. (*if applicable*): _____
Address: _____
_____
Phone: ( ) _____
Email: _____

IMPORTANT WARNING: You are responsible for notifying the court clerk of any changes to your address and telephone number. If you do not inform the clerk of any changes to either your address or telephone number, it may not be possible for you to get notices of court conferences and hearings.

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MAINE JUDICIAL BRANCH

_____ Plaintiff

V.

_____ Defendant

_____ Other Party (if any)

DISTRICT COURT
Location (Town):_____
Docket No.:_____

CHILD SUPPORT AFFIDAVIT

19-A M.R.S. § 2004(1)(A)

Name _____ Date of birth (mm/dd/yyyy) _____
(Parent filling out this affidavit)

SS Number Disclosure required on separate form

Address _____
(street) *(town or city)* *(state)* *(zip)*

1. **Gross income from wages, salary, and/or self-employment**
   Current employment information
   Employer Name: _____ ☐ Self-employed
   Address: _____

▶ ☐ **Required: I have attached copies of my most recent W-2 form and two (2) pay stubs, or tax return or 1099 form if self-employed.**

A. How much did you earn **last year**? $_____

B. How much do you **currently earn**?
   Salary and wages (gross pay) $_____ every ☐ week ☐ biweekly ☐ month ☐ other _____
   OR
   Hourly wage $_____ and number of hours worked _____ per ☐ week ☐ biweekly ☐ month
   ☐ other _____

(1B) $_____
Put here amount expected this year

2. **OTHER GROSS INCOME**
   *Do **NOT** include TANF, SSI, general assistance or food stamps.*

	Expected this year
Unemployment benefits	$_____
Workers' compensation	$_____
Social Security	$_____
Disability	$_____
Pension or annuity	$_____
Spousal support (alimony)	$_____
Rental or mortgage income	$_____
Bonuses	$_____

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Commissions/tips $_____

Other _____ $_____

Total: (2) $_____

3. EMPLOYMENT FRINGE BENEFITS

Total value of employment benefits you expect to receive this year that reduce your living expenses (car, housing, cell phone, meals, etc.) (3) $_____

4. TOTAL GROSS INCOME EXPECTED THIS YEAR (4) $_____

(Add 1B, 2, and 3) Put here and on line 3 of Child Support Worksheet

5. YEARLY SUPPORT YOU PAY FOR OTHER CHILDREN

Child support you pay for children who are not involved in this case.

Name of child	To whom paid	Amount
		$
		$
		$
		$
		$
		$

(5) $_____

Put total here and on line 4b of Child Support Worksheet

6. WEEKLY HEALTH INSURANCE COST

▶ ☐ **Required: I have attached a copy of my health insurance premium sheet.**

A. Cost of health insurance for yourself only. $ _____

B. Additional cost you pay for health insurance for the children in this case. (6B) $_____

Put this amount on line 9 of Child Support Worksheet

7. WEEKLY CHILD CARE COSTS

▶ ☐ **Required: I have attached a copy of documentation showing the cost of child care.**

Child care costs you pay so you can work or train to work. (7) $_____

Put this amount on line 10 of Child Support Worksheet

8. WEEKLY EXTRAORDINARY MEDICAL EXPENSES

Amount you actually pay for each child's permanent or recurring illness.

Name of child	To whom paid	Amount
		$
		$
		$
		$
		$
		$

(8) $_____

Put total here and on line 11 of Child Support Worksheet

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9. OTHER CHILDREN IN YOUR HOME

Other children living in your home who are not involved in this case and whom you are legally obligated to support.

Child Name	DOB (*mm/dd/yyyy*)	Relationship to you

10. OTHER INFORMATION (*check all that apply*)

☐ Other benefits received on behalf of the child and amount (such as adoption subsidies):_____

_____

_____

☐ Other facts you think the court should know that may affect the amount of child support ordered:

_____

_____

_____

11. ASSETS AND DEBTS

Current value *of your assets:*

Real estate $_____

Cash/bank accounts $ _____

Retirement plans/IRAs/401(k)s/pensions/annuities $_____

Other (such as a business interest or life insurance) $_____

Current balance *of your debts:*

Mortgages $ _____ Loans $ _____ Credit Cards $ _____ Other $_____

☐ This affidavit is complete **with required attachments** and includes all of my income, assets, and debts.

☐ 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 ☐ defendant ☐ other party

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MAINE JUDICIAL BRANCH

STATE OF MAINE

_____ COUNTY

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

Before me,

Date (*mm/dd/yyyy*): _____

▶ _____

☐ Attorney at Law ☐ Notary Public ☐ Clerk

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CONTAINS NONPUBLIC DIGITAL INFORMATION

MAINE JUDICIAL BRANCH

_____ Plaintiff

V.

_____ Defendant

DISTRICT COURT
Location (Town): _____
Docket No.: _____

CHILD SUPPORT WORKSHEET

☐ Supplemental worksheet attached

19-A M.R.S. §§ 2001-2012

1. a. Primary care provider (parent children live with most of the time): ☐ Plaintiff ☐ Defendant ☐ Both
   If parents provide substantially equal care, higher income parent should be shown as the non-primary care provider.
   b. Parent providing health insurance for the children: ☐ Plaintiff ☐ Defendant ☐ Neither
   c. Parent providing weekly child care expenses for the children: ☐ Plaintiff ☐ Defendant ☐ Neither
   d. Parent providing extraordinary medical expenses for the children: ☐ Plaintiff ☐ Defendant ☐ Neither

2.

Child's Name:	**Date of Birth (*mm/dd/yyyy*):**

Yearly Amounts	Primary Care Provider	Non-Primary Care Provider ☐ Self-support reserve ☐ Below poverty level	Combined Income
3. Gross income	$	$	
4. Minus other obligations, 19-A M.R.S. § 2001(5)(E): a. Support paid to former spouse under a pre- existing court order	a.	a.	
b. Support paid for other children under a pre-existing obligation	b.	b.	
5. Obligor Gross Income		(Subtract lines 4a and 4b from line 3.)	
6. Other children living with non-primary care provider (See instructions on page 3.)			
7. Adjusted Gross Income	a. (Subtract lines 4a and 4b from line 3.)	b. (Subtract line 6 from line 5.)	c. (Add lines 7a and 7b.)
8. Share of Adjusted Income (Divide each parent's income by combined income)	a. %	b. %	

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9. Basic weekly support for all children up to 18 years (or up to 19 years if still in high school) **(See instructions on page 3.)**
   Total number of children (a)_____ multiplied by amount from table (b)_____ = 9c. _____

10. Weekly health insurance cost for children
    Name & amount per child per week

    _____ $ _____
    _____ $ _____
    _____ $ _____
    _____ $ _____
    _____ $ _____
    _____ $ _____

    Total: 10._____

11. Weekly child care expenses
    Name & amount per child per week

    _____ $ _____
    _____ $ _____
    _____ $ _____
    _____ $ _____
    _____ $ _____
    _____ $ _____

    Total: 11. _____

12. Extraordinary medical expenses
    Name & amount per child per week

    _____ $ _____
    _____ $ _____
    _____ $ _____
    _____ $ _____
    _____ $ _____
    _____ $ _____

    Total: 12. _____

***If parents provide substantially equal care, continue calculations on supplemental worksheet.**

13. TOTAL ☐ WEEKLY ☐ BIWEEKLY OBLIGATION (Add lines 9c, 10, 11 and 12; if biweekly, multiply x 2) 13. _____

14. ☐ WEEKLY ☐ BIWEEKLY PARENTAL SUPPORT OBLIGATION:

a. Primary Care Provider Spends directly $_____ (Multiply line 8a by line 13)	b. Non-Primary Care Provider's support obligation $_____ (Multiply line 8b by line 13) Non-Primary Care Provider Adjustments **(Amounts paid directly by Non-Primary Care Provider)** Weekly health insurance (line 10) - $ _____ Weekly child care (line 11) - $_____ Extraordinary Medical Expenses (line 12) - $_____ Non-Primary Care Provider pays as support = $_____

Date (mm/dd/yyyy): _____

Prepared by: _____
☐ Attorney for ☐ Plaintiff ☐ Defendant ☐ Magistrate ☐ Judge ☐ Mediator

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MAINE JUDICIAL BRANCH

CALCULATING "AMOUNT FROM TABLE" FOR LINE 9 OF THE WORKSHEET

1. Look at the Child Support Table.

2. Circle the amount in the Table under "Parents' Combined Annual Income" that is closest to the "Combined Adjusted Gross Income" on **Line 7c** of the Worksheet.

3. In the "Number of Children" column, circle the TOTAL number of children in this case.
   Draw a line from the circled number of children down the column until it meets the circle you drew for parents' yearly combined income. Circle the number and write the number you circled in the space after "amount from table" on **Line 9b** of the Worksheet.

4. For example, if you have **two** children and a combined adjusted gross income of $18,000, use the column for 2 children. The "Parents' Combined Annual Income" and the "Number of Children" lines should meet at **$54**.
   Using this example, you would write the following on the Worksheet:
   9. Total number of children ___2___ multiplied by amount from table $___54___ = $_____108_____.

NON-PRIMARY CARE PROVIDERS WITH VERY LOW INCOMES

When the non-primary care provider's income is very low, different rules for calculating child support apply. If the annual gross income of the non-primary care provider is less than the federal poverty guidelines, the non-primary care provider's weekly parental support obligation may not exceed 10% of the non-primary care provider's weekly gross income, regardless of the amount of the parties' combined annual gross income. No additional amounts such as health insurance, child care, or extraordinary medical expenses should be added to this total. Please note this amount is calculated assuming a household of one person.

If the non-primary care provider's annual gross income, without adjustments, is in the self-support reserve for the total number of children for whom support is being determined, the amount listed in the self-support reserve multiplied by the number of children is the non-primary care provider's basic support obligation for the children, regardless of the parties' combined annual gross income. The non-primary care provider's proportional share of childcare, health insurance premiums, and extraordinary medical expenses is added to this basic support obligation. This paragraph does not apply if its application would result in a greater support obligation than a support obligation determined without application of this paragraph.

If the non-primary care provider's income falls in the self-support reserve (the shaded area of the Child Support Table), check the box in the non-primary care provider column next to "self-support reserve" on the child support worksheet. If the non-primary care provider's income is lower than all income amounts listed in the Child Support Table, check the box next to "below poverty level" on the child support worksheet.

CALCULATING AMOUNT FOR LINE 6 OF THE WORKSHEET
(OTHER CHILDREN LIVING WITH NON-PRIMARY CARE PROVIDER)

If the non-primary care provider has a legal obligation to support other children living in his/her home, the non-primary care provider is entitled to an adjustment. The amount of the adjustment is written on line 6. To determine the adjustment to be entered on Line 6, follow the steps in paragraphs 1, 2, 3, and 4, with some changes. In step 2, circle the amount in the Table under "Parents' Combined Adjusted Gross Income" that is closest to the non-primary care provider's gross income at Line 5. Do not circle the combined adjusted gross income of both parties in this case. In step 3, in the "Number of Children" column, circle the total number of other children living with the non-primary care provider that the non-primary care provider has a legal obligation to support. Do not circle the total number of children in this case.

Warning: If there is an existing child support order for the children in this case, the adjustment may not apply.

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MAINE JUDICIAL BRANCH

CALCULATING THE NON-PRIMARY CARE PROVIDER ADJUSTMENT FOR SECTION 14b OF THE WORKSHEET

If the non-primary care provider pays directly out of pocket the cost of the child(ren)'s health insurance, child care for children under the age of 12 (or otherwise eligible), and/or extraordinary medical expenses, that parent's weekly support obligation must be adjusted. The amount of the adjustment is the cost of the health insurance for the children (line 10), the cost of child care for the child(ren) under the age of 12 (or otherwise eligible) (line 11), and the cost of extraordinary medical expenses for the child(ren) (line 12). Subtract lines 10, 11, and 12 from the Non-Primary Care Provider's support obligation to determine the amount that must be paid as support.

If the primary care provider pays the cost of the children's health insurance, child care for children under the age of 12 (or otherwise eligible), or extraordinary medical expenses, or if neither parent pays for health insurance, child care for children under the age of 12 (or otherwise eligible), or extraordinary medical expenses, enter 0 on the line next to "Non-Primary Care Provider Adjustment."

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CONTAINS NONPUBLIC DIGITAL INFORMATION

MAINE JUDICIAL BRANCH

_____ Plaintiff

V.

_____ Defendant

DISTRICT COURT
Location (Town):_____
Docket No.:_____

SUPPLEMENTAL CHILD SUPPORT WORKSHEET

PLEASE NOTE: This form must be used when parents provide substantially equal care. A Child Support Worksheet (FM-040) must be prepared first.

Higher income parent is the ☐ Plaintiff ☐ Defendant (higher of line 7a and 7b).

15. Higher income parent's share of basic weekly support
_____ (higher of line 8a and 8b) x _____ (line 9c) = 15. _____

16. Enhanced weekly support entitlement
_____ (line 9c) x 1.5 = 16._____

17. Lower income parent's share of enhanced weekly support entitlement
_____ (lower of line 8a and 8b) x _____ (line 16) = 17._____

18. Higher income parent's share of enhanced weekly support entitlement
_____ (higher of line 8a and 8b) x _____ (line 16) = 18. _____

19. Enhanced Support Obligation
_____ (line 18) - _____ (line 17) = 19. _____

20. Presumptive Parental Support Obligation
Enter the amount from line 15 or line 19, whichever is less = 20. _____

21. Additional expenses to be shared by parents in proportion to their incomes:

Expense	Weekly Amount	Parent Paying	HIP Share*	LIP Share*
Health Insurance (enter amount from line 10)			$	$
Child Care (enter amount from line 11)			$	$
Extraordinary Medical Expenses (enter amount from line 12)			$	$
*HIP = higher income parent	*LIP = lower income parent	**TOTAL:**	$	$

Adjudgment for additional expenses = 21._____
(If HIP pays the expense(s), subtract LIP share.
If LIP pays the expense(s), add HIP share.)

22. Total weekly support obligation of HIP to be paid to LIP = 22._____

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MAINE JUDICIAL BRANCH

_____ Plaintiff

V.

_____ Defendant

DISTRICT COURT
Location (Town):_____
Docket No.:_____

FEDERAL AFFIDAVIT
50 U.S.C. § 3911

UNDER OATH and subject to the penalties of perjury, I hereby state on my own knowledge and belief that:

As of the date of this Affidavit, defendant is not in the Military Service of the United States, as defined in the Servicemember's Civil Relief Act of 2003, (50 U.S.C. § 3911), based on the following facts:

☐ Defendant resides in Maine in the Town of _____; or
☐ Defendant is employed at *(name of employer)* _____
in Maine in the Town of _____; or
☐ Other facts showing defendant is not in the military _____
_____.

AND
this action has been filed in the proper court because:
☐ Plaintiff resides in Maine in the Town of _____; or
☐ Defendant resides in Maine in the Town of _____.

☐ 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 if I give false information to the court.

Date (*mm/dd/yyyy*): _____

▶ _____
Signature of ☐ plaintiff ☐ plaintiff's attorney

STATE OF MAINE

_____ County

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

Before me,

Date (*mm/dd/yyyy*): _____

▶ _____
☐ Attorney at Law ☐ Notary Public ☐ Clerk

NOTICE: This form must be filed if the defendant has failed to answer the complaint or file a notice of appearance.

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MAINE JUDICIAL BRANCH

IMPORTANT INFORMATION REGARDING CASE MANAGEMENT CONFERENCE

Your family case has been scheduled for a case management conference. Trial counsel and parties are required to attend unless:

- A *Certificate in Lieu of Conference* (form FM-054) is filed with the court in advance of the conference date and the court waives the conference. This form, which can be found on the Judicial Branch's website at: http://www.courts.maine.gov/fees_forms/forms or from any Maine District Court clerk's office may only be filed when the parties agree on interim arrangements for the children;
- The Case Management Conference is deferred in accordance with M.R. Civ. P. 110A(b)(3)(A)(ii); or
- The parties agree on a modification of an existing judgment or order and file the appropriate paperwork with the court in advance of the conference date.

PLEASE NOTE: You may be ordered to attend mediation. Please come to the case management conference prepared to pay your portion of the mediation fee.

The following matters will be discussed at the case management conference, and an order may be entered at that time, or at a subsequent hearing, even if a motion for interim relief has not been filed:

1. Interim arrangements for the children, including residence, parent/child contact, health insurance and child support; interim responsibility for payment of periodic debts; and interim spousal support (if applicable). *You must file form FM-050, Child Support Affidavit. It is due no later than 3 days prior to the case management conference;*
2. Issues in dispute;
3. Deadlines for moving the case to resolution, exchange of information (discovery), and mediation;
4. Payment of fees, including any court mediation fee and attorney fees;
5. Date and time of the next court event. **If one party is defaulted or if the case involves the establishment or enforcement of a child support obligation, a brief hearing may take place on the day of the case management conference**;
6. Referral to a judge. **When parental rights and responsibilities are in dispute, the parties may exercise their right to have a judge determine interim parental rights and responsibilities. To do this, a party must file a written request with the court clerk before or at the time of the case management conference under M.R. Civ. P. 110A(b)(4)(A);**
7. Other matters pertinent to the case including, but not limited to, attendance at a parent education program; genetic testing; a job search; the appointment of a guardian ad litem; and/or a psychological evaluation.

The Magistrate will enter a Case Management Order following the case management conference that will determine the course of the proceedings and may enter other orders, such as an interim order, or an order enforcing a child support obligation.

WARNING TO PARTIES: If you are the responding party and wish to object to the complaint or motion, a response must be filed within the time limits established by statute or court rule. Do not wait until the time of the case management conference to state your objections.

You have the right to appear and be heard at all court events (trial, hearing, conference, mediation). If you fail to appear at any or all court events without good cause, action may be taken on your case even though you are not there. This means that the Court may, in your absence, enter an interim/temporary order OR hold a final hearing and enter a final default order or judgment regarding any or all of the issues in your case, including but not limited to paternity or parentage, parental rights and responsibilities for children (custody, residence, visitation, etc.), child support, name change, spousal support/alimony, attorney fees, and distribution of marital and non-marital property (debt, real estate, vehicles, pension and retirement accounts, etc.). The Court also may dismiss any pleading that you have filed if you do not show up.

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.