

STATE OF MAINE

DISTRICT COURT

Location \_\_\_\_\_

Docket No. \_\_\_\_\_

Plaintiff: \_\_\_\_\_

individually **and** on behalf of:

\_\_\_\_\_

on behalf of: \_\_\_\_\_

v.

Defendant: \_\_\_\_\_

on behalf of: \_\_\_\_\_

**SUMMONS  
PROTECTION ORDER**

**TO THE DEFENDANT:**

The Plaintiff has begun a Protection from Abuse / Harassment action against you. If you wish to oppose this action, you or your attorney must appear before the Court on \_\_\_\_\_

\_\_\_\_\_ at \_\_\_\_\_ AM/PM. The court is located at :

A full hearing on plaintiff's complaint will be heard at that time. **PARTIES SHALL BE PREPARED TO PRESENT THEIR CASE AT THAT TIME**

**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, COURT ORDERS EFFECTIVE FOR UP TO TWO YEARS MAY BE ENTERED AGAINST YOU IN YOUR ABSENCE GRANTING ANY OR ALL OF THE RELIEF REQUESTED IN THE COMPLAINT. THE VIOLATION OF THESE ORDERS MAY CONSTITUTE A CLASS D CRIME OR CONTEMPT OF COURT. IF YOU INTEND TO OPPOSE THIS ACTION, 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.

(Court Seal)

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

Clerk \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name and address of plaintiff's attorney

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**RETURN OF SERVICE**

\_\_\_\_\_, ss.

On \_\_\_\_\_, at \_\_\_\_\_ AM / PM, I made service of the

Complaint  Summons for Protection of Abuse / Harassment  Temporary Order for Protection and

Order of Continuance, upon the defendant \_\_\_\_\_

by delivering a copy of each document to the defendant in hand at: \_\_\_\_\_

\_\_\_\_\_ (location where served)

Authorized Officer printed name

Authorized Officer signature