

STATE OF MAINE

SUPERIOR COURT

DISTRICT COURT

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

Location \_\_\_\_\_

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

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

\_\_\_\_\_  
Plaintiff

COMPLAINT FOR  
DETERMINATION OF PATERNITY,  
PARENTAL RIGHTS & RESPONSIBILITIES,  
CHILD SUPPORT

v.

\_\_\_\_\_  
Defendant

1. Plaintiff and Defendant, who are not married, are the parents of the following child(ren):

<i>Name</i>	<i>Date of Birth</i>	<i>Present Address</i>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

2. Plaintiff resides in (town) \_\_\_\_\_, (county) \_\_\_\_\_, (state) \_\_\_\_\_

3. Defendant resides in (town) \_\_\_\_\_, (county) \_\_\_\_\_, (state) \_\_\_\_\_

4. A. List below where and with whom the child(ren) have lived within the **past 5 years.**

Name and present address of person child(ren) lived with	Dates child(ren) lived with that person	Town and State where child(ren) lived with that person
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

B. Plaintiff has not been involved in any way in, and has no information about, another court case in any state concerning the custody of the child(ren) except as follows:

- Protection from Abuse
  - Protective Custody
  - Other (describe what kind of other case) \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

C. No one other than the parties has physical custody of the child(ren), or claims to have custody or visitation rights with respect to the child(ren), except as follows: \_\_\_\_\_

5. (Check all boxes that apply)

No public assistance benefits have ever been received for the child(ren).

**OR**

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

**AND**

Plaintiff has sent a copy of this complaint to the Department of Human Services at the following address: *Support Enforcement Division, Central Office Supervisor, State House Station 11, Augusta, ME 04333-0011.* (A copy must be sent when the child(ren) have been, are now or will be receiving public assistance benefits.)

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

The Department of Human Services **has** been contacted to set up, review, change or enforce a child support order regarding the child(ren).

**PLAINTIFF REQUESTS** that the court; (Check all boxes that apply)

Order blood or tissue typing tests pursuant to 19-A M.R.S.A. § 1558.

Establish that the parties are the parents of the child(ren) listed in this complaint.

Determine parental rights and responsibilities for the minor child(ren) pursuant to 19-A M.R.S.A. § 1653, including child support.

Determine the amount of any past child support and order payment of the past support.

Allocate reimbursement of birth expenses and medical expenses for the child(ren).

Award reasonable attorney's fees to Plaintiff's attorney.

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

\_\_\_\_\_  
(Plaintiff's signature)

Attorney for Plaintiff: \_\_\_\_\_

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

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Telephone: \_\_\_\_\_

**STATE OF MAINE**

\_\_\_\_\_ County

Personally appeared the above named Plaintiff, \_\_\_\_\_, and made Oath that the foregoing statements are true.

Before me,

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

\_\_\_\_\_  
Attorney at Law / Notary Public / Deputy Clerk