

STATE OF MAINE

SUPERIOR COURT

DISTRICT COURT

\_\_\_\_\_, ss  
Docket No. \_\_\_\_\_

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

\_\_\_\_\_  
Plaintiff

v.

\_\_\_\_\_  
Defendant

STATEMENT CONCERNING  
PUBLIC ASSISTANCE

I make the following statements. (*Check one statement in each section that applies.*)

<p><b>1. The child(ren) of the parties in this action</b></p> <p><input type="checkbox"/> <b>A.</b> Have never received AFDC or Medicaid. Neither party intends to file an application for AFDC or Medicaid for the child(ren).</p> <p><input type="checkbox"/> <b>B.</b> Have received or are now receiving AFDC or Medicaid.</p> <p><input type="checkbox"/> <b>C.</b> A party intends to file an application for AFDC or Medicaid for the child(ren).</p> <p><i>If B or C is checked, you must send a copy of the complaint or motion to the Department of Human Services, Support Enforcement Division, Central Office Supervisor, State House Station 11, Augusta, ME 04333-0011.</i></p>
<p><b>2. Of the parties in this action</b></p> <p><input type="checkbox"/> <b>A.</b> (Plaintiff) (Defendant) is a support enforcement client of the Department of Human Services or has requested the assistance of the Department in establishing, reviewing, modifying, or enforcing a child support order concerning the child(ren).</p> <p><input type="checkbox"/> <b>B.</b> Neither party has contacted the Department of Human Services for the establishment, review, modification, or enforcement of a child support order concerning the child(ren).</p>
<p><b>3. The Department of Human Services</b></p> <p><input type="checkbox"/> <b>A.</b> Has not issued a child support order concerning the child(ren).</p> <p><input type="checkbox"/> <b>B.</b> Has issued a child support order concerning the child(ren).</p> <p><i>If B is checked, you must attach a copy of the order.</i></p>

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

\_\_\_\_\_  
Signature of (Plaintiff) (Defendant)