

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.*)

**1. The child(ren) of the parties in this action**

- A. Have never received TANF or Medicaid. Neither party intends to file an application for TANFor Medicaid for the child(ren).
- B. Have received or are now receiving TANF or Medicaid.
- C. A party intends to file an application for TANF or Medicaid for the child(ren).

*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.*

**2. Of the parties in this action**

- A. (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).
- 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).

**3. The Department of Human Services**

- A. Has not issued a child support order concerning the child(ren).
- B. Has issued a child support order concerning the child(ren).

*If B is checked, you must attach a copy of the order.*

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

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