

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*):

<input type="checkbox"/> Divorce – real estate involved	<input type="checkbox"/> Divorce – no real estate
<input type="checkbox"/> Parental Rights & Responsibilities (unmarried parents)	<input type="checkbox"/> Parentage (determining parents of a child)
<input type="checkbox"/> Judicial Separation	<input type="checkbox"/> Annulment
<input type="checkbox"/> Adoption of a minor	<input type="checkbox"/> Guardianship of a minor
<input type="checkbox"/> Name change of a minor	<input type="checkbox"/> Registration of foreign judgment or order
<input type="checkbox"/> Other family matter	

TYPE OF FILING (*select one*):

<input type="checkbox"/> Original proceeding	<input type="checkbox"/> Case transferred from probate court. Original docket number:
<input type="checkbox"/> Post-Judgment Motion:	Original docket number: _____
<input type="checkbox"/> to Modify	<input type="checkbox"/> to Enforce
<input type="checkbox"/> Other:	<input type="checkbox"/> for Contempt
	<input type="checkbox"/> to Terminate Parental Rights

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 (<i>mm/dd/yyyy</i>):	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 (<i>mm/dd/yyyy</i>):	SS Number Disclosure Required on separate form	

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.

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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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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):

<input type="checkbox"/> The child(ren) do not have any other acknowledged, adjudicated, intended, de facto, or presumed parents. OR <input type="checkbox"/> 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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