CONTAINS NONPUBLIC DIGITAL INFORMATION

MAINE JUDICIAL BRANCH

| | Plaintiff | DISTRICT COURT |
|--|---------------------|---|
| individually and on behalf of: | • | Location (Town): |
| | | Docket No |
| | · - | |
| on behalf of: | • | |
| | _ | |
| | _ | |
| V. | | |
| | Defendant | |
| on behalf of: | | |
| | - | |
| | FEIDAVIT OF CON | IFIDENTIAL ADDRESS |
| | | IFIDENTIAL ADDRESS |
| | | 08, 5 M.R.S. § 4656 |
| I am the plaintiff defendant in this case | e and I request tha | at the court keep the following information confidential: |
| | | |
| Physical address: | | |
| Mailing address: | | |
| | | |
| | | Home |
| Work | | |
| ☐ Other(| |): |
| | | ., .,,, |
| I state under oath that the health, safety or liberty of myself and/or my child(ren) would be jeopardized by disclosure of | | |
| this information for the following reasons: | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| I swear under penalty of periury that the a | hove statements | are true and correct. I understand that these statements |
| | | prosecution for perjury punishable by up to 5 years in |
| prison and a fine of up to \$5,000 if I give false | | |
| prison and a mic or up to 43,000 in 1 give raise | | |
| Date (mm/dd/yyyy): | | • |
| | _ | Signature of plaintiff defendant |
| | | о <u>П</u> |
| | STATE OF M | MAINE |
| | | |
| COUNTY | | |
| | | |
| Personally appeared the above named, and m | ade oath that the | foregoing statements are true under penalty of perjury. |
| | | |
| Date (mm/dd/yyyy): | <u></u> | > |
| | | Attorney at Law Notary Public Clerk |
| ADA Notice: The Maine Judicial Branch complies w | ith the Americans v | with Disabilities Act (ADA). If you need a reasonable |
| accommodation contact the Court Access Coordina | | |
| Language Services: For language assistance and int | | |

PA-015, Rev. 08/20 Affidavit of Confidential Address