

STATE OF MAINE

DISTRICT COURT

Location _____

Docket No. _____

Plaintiff

v.

Defendant

**COMPLAINT FOR DIVORCE
(with children)**

Title to Real Estate Is Involved
19-A M.R.S. § 901, M.R. Civ. P. 10(a)

1. Plaintiff was lawfully married to defendant in (town) _____, (county) _____, (state) _____, on _____ (mo/date/yr.)
2. Plaintiff now resides in (town) _____, (county) _____, (state) _____.

If either party wishes to keep his/her address confidential, that party may complete an Affidavit for Confidential Address (FM-057). This form is available at the Clerk's Office or at courts.state.me.us.

3. Defendant now resides in (town) _____, (county) _____, (state) _____, **OR**
 Residence of the Defendant is unknown and Plaintiff has used reasonable efforts and cannot locate Defendant.
4. The court has jurisdiction because (check all of the statements that apply):
 A. Plaintiff resided in Maine in good faith for six months before filing this complaint;
 B. Plaintiff is a resident of Maine and the parties were married in Maine;
 C. Plaintiff is a resident of Maine and the parties resided in Maine when the grounds for divorce arose;
 D. Defendant is a resident of Maine.
5. Neither party has filed for divorce or annulment from the other before this complaint, **OR**
 A complaint for divorce or annulment was filed before in (court name, town and state of court) _____ Docket No. _____.
That case: Was dismissed on (date) _____.
 Is still pending.
6. The parties have personal property, **AND**
 Either or both parties has an interest in real estate, (file and exchange form FM-056)
 Neither party has an interest in real estate.
7. Plaintiff lists the following grounds for divorce:
 Irreconcilable marital differences exist between the parties.
 Other _____.

8. Plaintiff and defendant are the parents of the following child(ren):

| Name | Date of Birth | Present Address |
|-------|---------------|-----------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

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, Court / Docket Number: _____

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: _____

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

PLAINTIFF REQUESTS that a divorce be granted and that the court; **(Check all boxes that apply)**

Determine parental rights and responsibilities regarding the minor child(ren), including child support (file and exchange form FM-050);

Set apart the non-marital property to each party and divide the marital property;

Order that spousal support be paid to Plaintiff by Defendant (file and exchange form FM-043);

Award reasonable attorney's fees to Plaintiff's attorney (file and exchange form FM-043); and

Change Plaintiff's name to _____.

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

Defendant has 20 days after being served with this complaint (being given a copy), to file an answer with the Court and must provide copies of all filings to other party.