

STATE OF MAINE

PROBATE COURT

County: \_\_\_\_\_

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

DISTRICT COURT

Location: \_\_\_\_\_

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

IN RE: \_\_\_\_\_  
(Minor Name)

PETITION TO APPOINT  
GUARDIAN OF MINOR  
18-C M.R.S. § 5-204

1. Petitioner Information:

Name: \_\_\_\_\_  
*First Middle Last*

Mailing Address: \_\_\_\_\_  
*Street City/Town Zip*

Physical Address: \_\_\_\_\_  
*Street City/Town Zip*

Date of Birth: \_\_\_\_\_

Telephone: \_\_\_\_\_

Co-Petitioner Information:

Name: \_\_\_\_\_  
*First Middle Last*

Mailing Address: \_\_\_\_\_  
*Street City/Town Zip*

Physical Address: \_\_\_\_\_  
*Street City/Town Zip*

Date of Birth: \_\_\_\_\_

Telephone: \_\_\_\_\_

2. Minor Information:

Name: \_\_\_\_\_  
*First Middle Last*

Mailing Address: \_\_\_\_\_  
*Street City/Town Zip*

Physical Address: \_\_\_\_\_  
*Street City/Town Zip*

Date of Birth: \_\_\_\_\_

Telephone: \_\_\_\_\_

3. Proposed Guardian Information:

Name: \_\_\_\_\_  
*First Middle Last*

Mailing Address: \_\_\_\_\_  
*Street City/Town Zip*

Physical Address: \_\_\_\_\_  
*Street City/Town Zip*

Date of Birth: \_\_\_\_\_

Telephone: \_\_\_\_\_

Relationship to Minor: \_\_\_\_\_

**Proposed Co-Guardian Information:**

Name: \_\_\_\_\_  
*First Middle Last*

Mailing Address: \_\_\_\_\_  
*Street City/Town Zip*

Physical Address: \_\_\_\_\_  
*Street City/Town Zip*

Date of Birth: \_\_\_\_\_

Telephone: \_\_\_\_\_ Relationship to Minor: \_\_\_\_\_

**4. Notice of Proceeding**

Names, addresses, and telephone numbers of all persons who must be notified of this proceeding and relationship of each such person to the minor. The following must be notified by the petitioner(s):

- a. The minor, if 14 years of age or older, and if not the petitioner;
- b. Any person alleging to have primary care and custody of the minor during the 60 days before the filing of the petition;
- c. Each living parent of the minor or, if none exists, the adult nearest in kinship who can be found;
- d. Any person nominated as a guardian by the minor, if the minor is 14 years of age or older;
- e. Any parent’s appointee whose appointment has not been prevented or terminated;
- f. Any guardian or conservator currently acting for the minor in this state or elsewhere; and
- g. Any person or tribe required to be notified under the Indian Child Welfare Act if the petitioner knows, or has reason to know, that this case involves an Indian child as defined by 25 U.S.C. § 1903(4) and 22 M.R.S. § 3943(8).

NAME	ADDRESS	RELATIONSHIP

**5. Reason for Guardianship**

The minor is a child in need of guardianship and it is in the minor’s best interest for the following reasons: *(check all that apply)*

- The parent(s) consent;
- The parents’ rights have been terminated;
- The parent(s) is/are unwilling or unable to exercise their parental rights;
- The following named parent is deceased: \_\_\_\_\_; or
- The minor has no living parents.

Describe the specific reason(s) why a guardianship is necessary:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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*Please attach an additional page if necessary.*

**6. During the past five years, the minor has lived at the following addresses with the following people:**

Name of custodian(s)	Address of custodian(s) when minor was present	Date of minor's residence with custodian(s)
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**7. The custodian(s) named above currently live at the following address(es):**

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**8. I/We (check as many as are true):**

- have/has participated as a party, witness, or in some other capacity in other litigation concerning the custody of this minor in Maine or another state;
- have/has information of a custody proceeding concerning this minor pending in a court in Maine or some other state; and/or
- know(s) of a person, not a party to this case, who has physical custody of this minor or claims to have rights concerning this minor.

*If any of the above has been checked, you must attach an affidavit to this petition with additional information concerning that issue.*

**9. If the minor is 14 years of age or older, does the minor consent to the guardianship?**

- Yes  No  Unknown

**10. Indian Child Welfare Act. (Select one of the following)**

- a. The petitioner knows that the minor child is **not** (1) a member of an Indian tribe, or (2) eligible for membership in an Indian tribe and the biological child of a member of an Indian tribe;

- b. The petitioner knows, or has reason to know, that the minor child (1) is a member of an Indian tribe, or (2) is eligible for membership in an Indian tribe and is the biological child of a member of an Indian tribe:

Name of tribe: \_\_\_\_\_

**PLEASE NOTE:** The petitioner(s) **must** provide notice of this petition to the minor child's parent(s) or Indian custodian and the tribe named above and file a copy of those notices with the court. Such notice must comply with 25 C.F.R. § 23.111 and must be sent by certified mail, return receipt requested and via email, to the address and email address on file with the United States Department of the Interior, Bureau of Indian Affairs; **OR**

- c. The petitioner(s), at the time of this petition do(es) not yet know or have reason to know if the minor child is an Indian child. The petitioner(s) will conduct any remaining inquiry required to determine Indian child status as required by 25 U.S.C. §§ 1901-1963 and 22 M.R.S. §§ 3941-3955.

**11. Is the minor in school?**

No.  Yes, \_\_\_\_\_  
(School name and address)

**Does the proposed guardian intend to change the minor's school?**

No.  Yes, \_\_\_\_\_  
(Proposed school name and address)

**12. Information about the parents of the minor:**

**Parent One:**

Name: \_\_\_\_\_  
*First Middle Last*

Date of Birth: \_\_\_\_\_

Deceased?  Yes  No

Mailing Address: \_\_\_\_\_  
*Street City/Town Zip*

Physical Address: \_\_\_\_\_  
*Street City/Town Zip*

Telephone: \_\_\_\_\_

**Parent Two:**

Name: \_\_\_\_\_  
*First Middle Last*

Date of Birth: \_\_\_\_\_

Deceased?  Yes  No

Mailing Address: \_\_\_\_\_  
*Street City/Town Zip*

Physical Address: \_\_\_\_\_  
*Street City/Town Zip*

Telephone: \_\_\_\_\_

**Parent Three (if applicable):**

Name: \_\_\_\_\_  
*First Middle Last*

Date of Birth: \_\_\_\_\_

Deceased?  Yes  No

Mailing Address: \_\_\_\_\_  
*Street City/Town Zip*

Physical Address: \_\_\_\_\_  
*Street City/Town Zip*

Telephone: \_\_\_\_\_

If you cannot provide a valid name and/or address for one or more parents, please describe in detail the efforts that have been made to locate the parent(s). If the identity of the father is unknown, provide all of the information you can about potential fathers and any prior paternity proceedings.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Please attach an additional page if necessary)

**13. Parents' Position Regarding Guardianship**

Parent #1 consents to the guardianship  Yes – consent attached  No  Unknown  N/A – deceased or rights terminated

Parent #2 consents to the guardianship  Yes – consent attached  No  Unknown  N/A – deceased or rights terminated

Parent #3 (if applicable) consents to the guardianship  Yes – consent attached  No  Unknown  N/A – deceased or rights terminated

**14. Rights and Responsibilities Concerning the Minor**

a. The following person or persons has/have parental rights and responsibilities (legal custody) for the minor:

1. Name: \_\_\_\_\_  
*First Middle Last*

Mailing Address: \_\_\_\_\_  
*Street City/Town Zip*

Physical Address: \_\_\_\_\_  
*Street City/Town Zip*

Date of Birth: \_\_\_\_\_

Telephone: \_\_\_\_\_

2. Name: \_\_\_\_\_  
*First Middle Last*

Mailing Address: \_\_\_\_\_  
*Street City/Town Zip*

Physical Address: \_\_\_\_\_  
*Street City/Town Zip*

Date of Birth: \_\_\_\_\_

Telephone: \_\_\_\_\_

**15. Legal Proceedings. Do you know of any legal proceedings that are pending or in which a final order was issued, involving the minor child, parent(s), or proposed guardian(s)? If so, please list below:**

A. Family (divorce, parental rights and responsibilities, paternity, child support, guardianship, etc.)

Court / Docket No. (if known) \_\_\_\_\_  Minor  Parent(s)  Proposed Guardian(s)

B. Child Protective (DHHS)

Court / Docket No. (if known) \_\_\_\_\_  Minor  Parent(s)  Proposed Guardian(s)

C. Protection from Abuse/Harassment

Court / Docket No. (if known) \_\_\_\_\_  Minor  Parent(s)  Proposed Guardian(s)

D. Criminal

Court / Docket No. (if known) \_\_\_\_\_  Minor  Parent(s)  Proposed Guardian(s)

E. Juvenile

Court / Docket No. (if known) \_\_\_\_\_  Minor  Parent(s)  Proposed Guardian(s)

F. Other (foreclosure, eviction, etc.) please specify: \_\_\_\_\_

Court / Docket No. (if known) \_\_\_\_\_  Minor  Parent(s)  Proposed Guardian(s)

**16. Is the Department of Health and Human Services (DHHS) involved with this minor?**

Yes  No. If yes, please provide name of caseworker if known: \_\_\_\_\_

**17. Statement concerning public assistance for this minor.**

a. Please select one of the following:

- A. The minor in this matter has never received TANF or MaineCare. Neither party intends to file an application for TANF or MaineCare for this minor;
- B. The minor in this matter has received or is now receiving TANF or MaineCare; or
- C. A party to this action intends to file an application for TANF or MaineCare for this minor.

**PLEASE NOTE: If B or C is checked, you must send a copy of this petition and all other supporting documents to:**

Department of Health and Human Services  
 Division of Support Enforcement and Recovery  
 Central Office Supervisor  
 State House Station 11  
 Augusta, ME 04333-0011

b. *Please select one of the following:*

- A. One or both parents of this minor is receiving or has requested assistance of the Department of Health and Human Services this minor child; or
- B. Neither parent has contacted the Department of Health and Human Services for the establishment, review, modification, or enforcement of a child support order concerning this minor.

**18. Is there an existing child support order in place for this minor?**  Yes  No

If yes, please attach a copy of the most recent administrative or court child support order, and provide the court docket number or administrative order number here, if known: \_\_\_\_\_

As part of this guardianship appointment, does the proposed guardian wish for the court to enter a child support order?  Yes  No

Is this minor a recipient of social security benefits?  Yes  No

**19. Is there any reason why the minor should not have contact with one or both parents?**  Yes  No

If yes, please describe reason(s) why:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*Please attach an additional page if necessary.*

WHEREFORE, the Petitioner believes the appointment of a guardian for the above-named minor is necessary and is in the minor's best interest, and the proposed guardian is suitable. Petitioners request that the Court:

1. Determine the appointment of a guardian for this minor is proper;
2. Make the requested appointment; and
3. Issue Letters of Guardianship.

\_\_\_\_\_  
**Signature of Petitioner**

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

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

\_\_\_\_\_  
**Signature of Co-Petitioner**

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

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

**Attorney for Petitioner(s), if any:**

\_\_\_\_\_  
Signature of Attorney and Maine Bar Registration Number

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

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_  
Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

**STATE OF MAINE**

\_\_\_\_\_ COUNTY

Personally appeared the above named, \_\_\_\_\_ and  
\_\_\_\_\_, and made oath that the foregoing statements are true under penalty of  
perjury.

Before me,

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

\_\_\_\_\_  
Attorney at Law / Notary Public / Register / Clerk