

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: _____

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) |
|----------------------|--|---|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

7. The custodian(s) named above currently live at the following address(es):

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. Is the minor:

A member of a federally recognized Indian tribe?

- Yes No

Eligible for membership in a federally recognized Indian tribe or the biological child of a member of an Indian tribe?

- Yes No

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