

FAMILY MATTER SUMMARY SHEET: M.R. Civ. P. 5(h)

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. You are not required to give a copy of this form to the other party.

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|---|
| COURT LOCATION (where you are filing this action): |
|---|

TYPE OF ACTION: (Check one box)

| | |
|--|--|
| <input type="checkbox"/> Divorce - Real Estate involved | <input type="checkbox"/> Divorce - No Real Estate |
| <input type="checkbox"/> Parental Rights & Responsibilities (Unmarried parents of child) | <input type="checkbox"/> Parentage (Determine parents of the child(ren)) |
| <input type="checkbox"/> Judicial Separation <input type="checkbox"/> Probate Matter | <input type="checkbox"/> Foreign Judgment <input type="checkbox"/> Other Family Matter |

TYPE OF FILING: (Check one box)

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|---|
| <input type="checkbox"/> Original Proceeding |
| <input type="checkbox"/> Probate Matter, Original Docket # is: |
| Post-Judgment Motion: <input type="checkbox"/> to Modify <input type="checkbox"/> to Enforce <input type="checkbox"/> for Contempt Original Docket # is: |

Plaintiff Information: (Person starting the action or if post-judgment, name of person who was the plaintiff in the original case.)

| | | | |
|-------------------|----------------|--|--------------|
| Name: First | Middle | Last | Maiden |
| Mailing Address: | | City | State Zip |
| Physical Address: | | City | State Zip |
| Gender: | Date of Birth: | SS Number Disclosure Required on separate form | |
| Home Telephone: | | Work Telephone: | |
| Attorney's Name: | | Bar ID#: | |

Defendant Information: (Person being served or if post-judgment, name of person who was the defendant in the original case.)

| | | | |
|-------------------|----------------|--|--------------|
| Name: First | Middle | Last | Maiden |
| Mailing Address: | | City | State Zip |
| Physical Address: | | City | State Zip |
| Gender: | Date of Birth: | SS Number Disclosure Required on separate form | |
| Home Telephone: | | Work Telephone: | |
| Attorney's Name: | | Bar ID#: | |

Minor Children (of above parties) full name: Date of Birth: Gender:

| | | | |
|--|--|--|-------------------------------|
| | | | SS Number Disclosure Required |
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Parentage Issues (if any):

The child(ren) do not have any other acknowledged, adjudicated, intended, de facto, or presumed parents.

OR

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: _____

Signature of Party or Party's Attorney