

STATE OF MAINE

PROBATE COURT

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

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

DISTRICT COURT

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

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

IN RE: \_\_\_\_\_  
(Child's Name)

PETITION FOR  
RELIEF AND SPECIAL FINDINGS  
22 M.R.S. § 4099-I

(Please fill out a separate form for each *child* for which relief and special findings are being sought.)

1. **Petitioner Information:** (Petition may be filed by an at-risk noncitizen child or on that child's behalf.)

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

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

I am the:

- Parent
- Guardian
- At-risk noncitizen child
- Other: \_\_\_\_\_

who is seeking court orders pursuant to 22 M.R.S. § 4099-I.

2. **Child's Information:**

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

The child has also been known as: (List any additional or previously miswritten names for the child, if applicable.)

\_\_\_\_\_

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

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

Date of birth (mm/dd/yyyy): \_\_\_\_\_

Please list any other docket number for any other court case that has involved the child:

\_\_\_\_\_

3. **Parent Information**

**Parent #1**

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

The parent has also been known as: (List any additional or previously miswritten names for the parent, if applicable.)

\_\_\_\_\_

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

Date of birth (mm/dd/yyyy): \_\_\_\_\_

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

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

**Parent #2**

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

*First*

*Middle*

*Last*

The parent has also been known as: *(List any additional or previously miswritten names for the parent, if applicable.)*

\_\_\_\_\_

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

*Street*

*City/Town*

*Zip Code*

Date of birth *(mm/dd/yyyy)*: \_\_\_\_\_

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

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

- 4. This Court has jurisdiction over this Petition for Relief and Special Findings under 22 M.R.S. § 4099-I pursuant to:
  - 4 M.R.S. § 152(16) (Maine District Court)
  - 18-C M.R.S. § 5-104(1-A) (Maine Probate Court)
- 5. The child is dependent on the Court, sitting as a court of juvenile jurisdiction pursuant to 22. M.R.S. § 4099-I(C), for the child’s protection, well-being, health, and safety.
- 6. The child is under the age of 21.
- 7. The child is unmarried.
- 8. Reunification with the child with:
  - Parent #1 is not viable under Maine law because of:
    - Abuse, as defined by 22 M.R.S. § 4002(1);
    - Neglect, as defined by 22 M.R.S. § 4002(1);
    - Abandonment, as defined by 22 M.R.S. § 4099-I(1)(F); or
    - Similar circumstances, as defined by 22 M.R.S. 4099-I(1)(F).

for the following reasons: *(Please include the factual basis for any/all of the above grounds that have been selected.)*

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

- Parent #2 is not viable under Maine law because of:
  - Abuse, as defined by 22 M.R.S. § 4002(1);
  - Neglect, as defined by 22 M.R.S. § 4002(1);
  - Abandonment, as defined by 22 M.R.S. § 4099-I(1)(F); or
  - Similar circumstances, as defined by 22 M.R.S. 4099-I(1)(F).

for the following reasons: *(Please include the factual basis for any/all of the above grounds that have been selected.)*

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

- 9.  Pursuant to 22 M.R.S. § 4002(1-C) and 19-A M.R.S. § 1653(3), it is not in the best interest of the Child to be returned to *(specify country and countries)* \_\_\_\_\_, the country/ies of nationality or country/ies of last habitual residence of the Child or Child’s parents, for the following reasons: *(State the factual basis.)*

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

10. Pursuant to 22 M.R.S. § 4099-I(6), it is in the best interest of the Child to be referred by the Court to the Maine Department of Health and Human Services for the following services to redress the parental abuse, abandonment, neglect, similar circumstances, and/or harm that the Child has suffered.

- Psychiatric                       Psychological                       Educational
- Occupational                       Medical                       Dental
- Social services                       Protection against domestic violence
- Protection against human trafficking
- Other: \_\_\_\_\_

11. Additional findings or conclusions requested:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**WHEREFORE, Petitioner requests that the Court grant this Petition and make findings and order relief pursuant to 22 M.R.S. § 4099-I.**

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

Date (mm/dd/yyyy):	_____
Name:	_____
Address:	_____
	_____
Phone Number:	_____
Email:	_____

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

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

Date (mm/dd/yyyy):	_____
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 (mm/dd/yyyy): \_\_\_\_\_

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