

**Domestic Violence Pro Bono Panel
Client Information Sheet**

Name: _____

Address: _____

City: _____ State _____ Zip _____ County _____

Telephone: _____ Is it safe to leave a message at this number? _____

Gender: Male/Female Date of Birth: _____

Ethnicity: White Black Hispanic Asian Native American

Other _____

Marital Status: Married Single Separated Divorced Widowed

Primary Language: English Other: _____

Are you a United States Citizen? _____

or Legal Resident? _____ Registration # _____

Household Information: PLEASE PROVIDE YOUR GROSS INCOME, and please provide information on everyone living in your immediate household:

<u>Name</u>	<u>Relationship</u>	<u>D.O.B.</u>	<u>Gross Income (weekly/monthly)</u>	<u>Source</u>
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client	self			
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Is anyone in your household disabled? _____

Income Deductions

Please list the amounts you actually pay for the following expenses:

Child Support _____ (weekly/monthly) Child Care _____ (weekly/monthly)

Work Expenses _____ (weekly/monthly) Medical Costs and Insurance _____

Back Taxes or Fixed Debts _____

Asset Information

Do you rent? _____ Monthly rental payment: _____

Do you own your home? _____ Mortgage Amount: monthly _____ Total _____

Opposing Party Information

Name: _____

Address: _____

City: _____ State _____ Zip _____ County _____

Gender: Male/Female Date of Birth: _____ Relationship to client _____

Please list the type and dates of current and previous court actions with this party (e.g. divorce, parental rights, PFA, etc.):

Client Citizenship Attestation

I hereby certify that I am a citizen of the United States.

Signature

Date: _____

**ELIGIBLE ALIEN DETERMINATION FOR EMERGENCY ASSISTANCE UNDER VLP
UMBRELLA PRO BONO PROGRAMS**

Client Name:

Date of Intake:

Please check off your citizenship status and sign at the bottom.

1. Alien lawfully admitted for permanent residency and H-2A Worker.

Documentation required:

- Alien Registration Receipt Card (I-151, I-551, AR-3);
- Verification that Special Agricultural Worker (SAW) application was granted (I-688 card marked "210");
- H-2A Visa (only for legal assistance relating to wages, housing, transportation, and other employment rights provided in the worker's contract);
- Temporary evidence of lawful admission for permanent residency (I-181B);
- Passport with immigrant visa stamped in passport.

2. Native American born in Canada with 50% or greater "Indian blood quantum"

Documentation required:

- Band card from Canadian Tribe

3. Married to a U.S. citizen, parent of a U.S. citizen, or unmarried child under the age of 21 of a U.S. citizen and has filed an application that has not been rejected for:

- a) adjustment of status
- b) permanent residency with INS and application has been approved and forwarded to a U.S. consulate outside the United States
- c) permanent residency directly with the American Consulate
- d) suspension of deportation

Documentation Required (one from Section A and one from Section B):

Section A

- INS fee receipt issued to alien when I-485 was filed, or
- Copy of I-485, FS-510, or I-256A, accompanied by notarized statement, signed by alien, that such form was filed with INS or consulate.

AND

Section B

- Copy of alien's marriage certificate, accompanied by proof of spouse's U.S. citizenship.
- Copy of U.S. birth certificate, baptismal certificate, adoption decree, or other documents demonstrating that alien is the parent of a U.S. citizen under the age of 21.
- Copy of alien's birth certificate, baptismal certificate, adoption decree or other documents demonstrating the alien is the unmarried child under the age of 21 of a U.S. citizen, accompanied by proof that alien's parent is a U.S. citizen.
- Copy of an I-130 containing information that demonstrates that the alien is the spouse or parent of a U.S. citizen or unmarried child under the age of 21 of a U.S. citizen, accompanied by a notarized statement that such document was filed either with INS or the American Consulate.

4. Refugees, asylees and conditional entrants:

- Arrival/departure record (I-94) marked Section 207, refugee, Section 208 or asylum;
- Arrival/departure record (I-94) marked Section 243(a)(7) conditional entrant;
Arrival/departure record (I-94) marked Section 243(h) (withholding of deportation);
- Court order or letter or decision from an immigration judge granting withholding of deportation.

Statement for Emergency Representation
Check off all that are applicable

_____ I have produced or I believe I will be able to produce the document or documents specified above to verify my immigration status.

_____ I am a victim of domestic violence and have been subjected to physical violence, extreme cruelty, sexual assault, or human trafficking.

_____ My child(ren) are victims of domestic violence and have been subjected to physical violence, extreme cruelty, sexual assault, or human trafficking.

_____ Date: _____
Signature

Alien Registration Number (if applicable): _____

Name of Staff who reviewed Documents: _____

Interpreter Certification

I certify that I have correctly interpreted the contents of this form to the client named above.

_____ Date: _____
Signature

Print Name

Plaintiff
v.

Defendant

ENTRY OF LIMITED APPEARANCE
and
CONSENT TO REPRESENTATION
~~(Me. Bar R. 3.4(i) and (j))~~
Maine Rules of Professional Conduct
1.2 (c) and (d)

The Clerk will please enter my limited appearance pursuant to ~~Me. Bar R. 3.4(i) and (j)~~ M.R. Prof. Conduct 1.2(c) and (d) in the above-captioned matter as counsel for _____. My appearance is limited to representation in proceedings occurring today, and will not continue beyond today.

Dated: _____

(Signature)
Maine Bar ID# _____

(Name)
Volunteer Attorney
Maine Volunteer Lawyers Project
P.O. Box 547 Portland, ME 04112

Representation Agreement

I, _____, have signed this paper to show that I consent to receiving limited legal representation today from the above-named lawyer who is volunteering to represent me through a courthouse program. I understand this means:

- (1) My lawyer will only represent me today in court and has not agreed to help me with this case after today, even if the case is not fully resolved.
- (2) I have just met my lawyer and I understand that my lawyer has made no independent investigation or preparation of my case before today.
- (3) My lawyer has told me s/he knows of no conflict of interest affecting this representation and I know of none either. I also understand that my lawyer has not had the opportunity to check systematically for conflicts of interest.
- (4) My lawyer will not keep a file or any papers in safe keeping for my case.
- (5) I understand I could represent myself in court today, but I have chosen to accept the limited representation by the above named lawyer instead of representing myself.

Dated: _____

Client (signature)

STATE OF MAINE

SUPERIOR COURT

DISTRICT COURT

_____, ss

Location _____

Docket No. _____

Docket No. _____

Plaintiff

CHILD SUPPORT ORDER

v.

Defendant

This Child Support Order is made a part of the Divorce Judgment Protection from Abuse Order Parental Rights and Responsibilities Judgment Paternity Judgment Case Management Order Other _____ of this date dated _____.

Pursuant to 19-A M.R.S.A. §2006, the court has made certain findings of fact concerning the current parental support obligation as computed under the presumptive application of the guidelines. Those findings are contained within the child support worksheet which is attached and incorporated.

_____ is ordered to pay to _____
Name of obligor Name of obligee

the sum of \$_____ per week toward the support of:

Child's Name	Date of Birth	Child's Name	Date of Birth
_____	_____	_____	_____
_____	_____	_____	_____

The child support payments are to start _____. If a child receives public assistance, the child support payments for that child shall be made to the State of Maine Department of Health & Human Services.

The Court finds that the child(ren) currently receive(s) dependent benefits as a result of the obligor's disability. In any month that the benefits received by the child(ren) meet or exceed the total monthly support obligation, the obligor shall receive a credit for the total amount of support due. To the extent that the monthly benefits received by the child(ren) do not satisfy the obligor's monthly support obligation, the obligor shall pay the monthly support obligation minus the credits received by the child(ren). The obligor shall not be given credit toward past or future obligations for benefits which exceed the current monthly support obligation.

The child support obligation shall remain in effect until _____ (further order or until expiration of any underlying Protection from Abuse Order, whichever occurs first).

The child support obligation shall continue for each child until that child reaches the age of 18; provided, however, that if the child has not graduated, withdrawn, or been expelled from secondary school as defined in Title 20-A, the child support shall continue until the child graduates or reaches the age of 19, whichever occurs first.

_____ shall maintain health insurance for the benefit of the minor child(ren) if it is available at a reasonable cost, which means health insurance that is employment-related or other group health insurance. Proof of such insurance must be furnished to the other party within 15 days. If the child(ren) is (are) recipients of public assistance, proof of such insurance shall be provided to the Department of Health & Human Services within 15 days.

Any uninsured medical and dental expenses of the child(ren), in excess of \$250 per calendar year, shall be paid in the following manner: _____% by the obligor and _____% by the obligee. The first \$250 of annual uninsured medical expenses shall be paid by the obligee.

The child support obligation is based on the fact the parents are providing substantially equal care for their child(ren). Day care costs, health insurance premiums, and uninsured medical expenses shall be shared as follows: _____% to be paid by the higher income parent and _____% to be paid by the lower income parent. The child support amount set forth above has been adjusted to reflect each party's proportionate share of these costs. Each party's proportionate share will be paid as follows:

If the Maine Department of Health & Human Services provides support enforcement services and/or if the obligor is required to pay child support to the Maine Department of Health & Human Services, the obligor shall notify the Department within 15 days of the date of this Order of the following: 1. The obligor's current address; 2. The name and address of the obligor's current employer, and 3. Whether the obligor has access to health insurance at a reasonable cost, and, if so, the health insurance policy information.

Within 15 days of any change in the obligor's current address, any change in the name or address of the obligor's current employer, or any change in the health insurance policy information, the obligor shall notify the Department of the change. **Failure to report a change of address or employer to the Department within 15 days of such change is a civil violation for which a forfeiture not to exceed \$200 may be adjudged for each violation.**

Any party to this action may ask the court to review the amount of child support and if appropriate, to modify it in accordance with the state's child support guidelines. To start this process, a party must file with the court a Motion to Modify. If it has been less than 3 years since the child support order was issued or modified, the party must prove a substantial change in circumstances.

There is (are) _____ child(ren) who is (are) 10 or 11 years of age. Beginning _____ when _____ reaches the age of 12 years, the child support will be \$ _____ per week. Beginning _____ when _____ reaches the age of 12 years, the child support will be \$ _____ per week.

All of the minor children are age 12 or older. As long as there are _____ children entitled to parental support, that sum is \$ _____ per week. As long as there are _____ children entitled to parental support, that sum is \$ _____ per week. When only one child is entitled to parental support, the sum is \$ _____ per week.

The amount(s) set forth above for child support constitute(s) a deviation from the presumptive amount required by the child support guidelines. In this case the court finds that a child support order based on the guidelines would be inequitable or unjust for the following reasons: *(Set forth the reasons for the deviation.)* _____

The Immediate Income Withholding Order of this date attached hereto is incorporated by reference.

No Immediate Income Withholding Order shall issue because:

The court finds there is good cause not to issue such an order for the following reasons: _____

The parties have submitted and the court has approved a written agreement providing for an alternative arrangement.

The clerk is directed to make the following entry in the civil docket pursuant to M.R.Civ.P. 79(a). "Child Support Order filed. _____ ordered to pay child support of \$ _____ per week. This Order is incorporated into the docket by reference at the specific direction of the court."

Date: _____

Judge / Justice / Case Management Officer

A True Copy. Attest _____
Clerk

Important Notice to the Parties

Any party who wishes to appeal a Case Management Officer's final order shall file an objection to the final order in the District Court within 21 days of the entry of that order. The court clerk's office has a form available for this purpose. If no objection is filed, the parties are deemed to have waived their right to object and to appeal, and the CMO's final order shall become the judgment of the court and have the same effect as any final judgment signed by a District Court judge. No appeal may be taken from a judgment entered without objection to the final order of a CMO. An appeal from a judgment entered after objection shall be taken in accordance with the Maine Rules of Appellate Procedure.

Any party who wishes to appeal a final order of a judge or justice shall file a Notice of Appeal within 21 days.

FVI

STATE OF MAINE

SUPERIOR COURT

DISTRICT COURT

_____, ss
Docket No. _____

Location _____
Docket No. _____

v.

Plaintiff

Defendant

**IMMEDIATE INCOME
WITHHOLDING ORDER**

Name of Obligor: _____
Obligor's Support Enforcement Member Number (if known): _____
Name of Obligee: _____
Weekly Withholding Amount to Satisfy Current Support Obligation: _____

This Immediate Income Withholding Order, issued pursuant to 19-A M.R.S.A. § 2651 *et seq*, is incorporated in the Divorce Judgment or Order of this court of this date. This Order may be used to collect current support and past-due support.

To the payor of income to the obligor from any source:

It is ORDERED that:

1. Beginning on the next date the obligor is usually paid after you receive a copy of this Order, you shall withhold each week from any amounts due the obligor:
 - A. The above stated weekly withholding amount to satisfy the current support obligation;
 - B. An additional amount to be applied toward any past-due support owed by the obligor, if a notice of such an additional amount is served on you with a copy of this withholding order; and
 - C. A fee of \$2.00 per week in addition to the amount withheld for child support. The fee shall be sent to the Department of Human Services.
2. Within 7 days after the next usual date the obligor receives payment and each payment date thereafter, you shall send the amount of any withholding, along with the \$2.00 fee and the obligor's support enforcement member number, if known, to: Department of Human Services, IV-D Cashier, Box 1098, Augusta, ME 04332. Notice is hereby given that the amount of the withholding shall not exceed the limitations imposed by the United States Code, Title 15, § 1673(b).
3. Within 15 days after such time as you are no longer paying income from any source to the obligor, you shall notify the Department of Human Services in writing of such termination, giving the obligor's name, the obligor's last known address, the obligor's Social Security number, the obligor's support enforcement member number, the date of termination, and, if known, the identity of any new payor of income to the obligor.

This Order shall remain in effect until (1) terminated by order of the court; (2) you are released in writing from its terms by the Department of Human Services; or (3) if this order was implemented by the obligee as a private withholding action, you are released in writing from its terms by the obligee.

Knowing failure of a payor to withhold or send support payments required by this Order or to notify in the event of termination of the relationship is a civil violation and may subject the payor to civil liability, including costs, attorney's fees, and a \$100 civil penalty for each such knowing failure. A payor who discharges an obligor from employment or refuses to employ an obligor or who takes disciplinary action against an obligor employed by the payor or who otherwise discriminates against the obligor because of the existence of an income withholding order or the obligations imposed upon the payor by this Order is subject to a civil penalty not to exceed \$5,000 and is also subject to a civil action by the obligor for compensatory and punitive damages, together with attorney's fees and court costs.

It is further ORDERED that this Order be incorporated in the docket by reference pursuant to M.R.Civ.P 79(a).

Date: _____

Judge / Justice / Case Management Officer

Domestic Violence Pro Bono Panel

Outcomes Form

Client name: _____ Date _____

Attorney name: _____

Opposing Party Represented? yes no

Court: Portland W. Bath Springvale Other: _____

Number of hours of representation provided (estimated): _____

Are kids involved in this situation? yes no

If yes, does the complaint include the kids? yes no

Outcomes: Please check one.

- | | |
|---|---|
| <input type="checkbox"/> Client got Final Order after hearing. | <input type="checkbox"/> Client did not get Final Order after hearing. |
| <input type="checkbox"/> Client got Final Order after negotiation. | <input type="checkbox"/> Client got extended temporary order. |
| <input type="checkbox"/> Case was dismissed by opposing party. | <input type="checkbox"/> Opposing party's case dismissed after hearing. |
| <input type="checkbox"/> Case was continued
Please specify when: _____ | |
| <input type="checkbox"/> Other, please specify: | |

Outcomes: Please check all that apply.

- Child support awarded in the order
- No guns for abuser ordered
- Damages ordered, please specify reason and amount: _____
- Children have supervised or no visits
- Client given advice or information about PR&R/divorce
- Client made more aware of legal alternatives and resources
- Children were covered by the order

Case notes: _____

