

STATE OF MAINE

_____ COUNTY PROBATE COURT DOCKET NO. _____

In Re: _____ STATEMENT CONCERNING
PUBLIC ASSISTANCE

I make the following statements (*Check one statement in each section that applies.*)

1. The child of the parties in this action:

A. Has never received TANF or MaineCare. Neither party intends to file an application TANF or MaineCare for the child.

B. Has received or is now receiving TANF or MaineCare.

C. A party intends to file an application for TANF or MaineCare for the child.

If B or C is checked, you must send a copy of the complaint or motion to the Department of Health and Human Services, Support Enforcement Division, Central Office Supervisor, State House Station 11, Augusta, ME 04333-0011.

2. Of the parties in this action:

A. (Mother)(Father) is a support enforcement client of the Department of Health and Human Services or has requested the assistance of the Department in establishing, reviewing, modifying, or enforcing a child support order concerning the child.

B. Neither party has contacted the Department of Health and Human Services for the establishment, review, modification, or enforcement of a child support order concerning the child.

3. The Department of Health and Human Services:

A. Has not issued a child support order concerning the child.

B. Has issued a child support order concerning the child.

If B is checked, you must attach a copy of the order.

Date:

Signature of Petitioner

Printed or Typed Name

Address and phone number

I certify that no alteration has been made to the official form as most recently approved and promulgated by the Supreme Judicial Court. I also certify that I have met the standards under M.R.Prob.P. 84(b).

Preparer Signature

Typed or Printed Name of Preparer