

STATE OF MAINE

_____ County Probate Court

Docket No. _____

In Re: _____
Minor

Affidavit in Support of
Appointment of Guardian of Minor

I, _____, Petitioner or
Nominee in the above docketed matter, hereby swear to the truth of this Affidavit in support of the Petition for
Appointment of Guardian of Minor and allege as follows:

The Petition for Appointment of Guardian of Minor in the above-entitled matter recites that the minor is the child of:

(name(s) of child's parent(s)).

CHILD CUSTODY AFFIDAVIT¹

1. The child's present address or whereabouts is:
2. During the last five years the child has lived at the following addresses with the following people:

Name of Custodian	Address of Custodian When Child Was Present	Dates of Child's Residence With This Custodian
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3. The Custodians named in #2 currently live at the following address:

Name of Custodian	Current Address of Custodian
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¹ See 19-A M.R.S. § 1753.

DE FACTO GUARDIAN³

(Complete Questions 10 -12 only if you allege that you are a de facto guardian.)

10. ___ The child is under three years of age and has resided with me for six months or more (the six months need not be consecutive); or
- ___ The child is at least three years of age and has resided with me for twelve months or more (the twelve months need not be consecutive).
11. A non-consenting parent has demonstrated a lack of consistent participation with the minor as follows (describe each non-consenting parent's inconsistent participation separately):
12. As I file this affidavit with the Probate Court as the de facto guardian of this child, I also certify that, before filing this Affidavit, I have served a copy of this Affidavit on the parent(s) and any legal guardian(s) of the child. (Please list separately and state date and method of service to each parent and any legal guardian(s)).

Dated: _____

Petitioner

STATE OF MAINE
COUNTY OF _____

Dated: _____

Then personally appeared the above-named _____,
who, under penalty of perjury, affirmed under oath the truth of the facts in the foregoing affidavit.

Before me,

Notary Public/Attorney-at-Law

Print Name: _____

For Notary Public: Date Commission Expires

³ See 18-A M.R.S. § 5-101(1-B).