

PENOBSCOT NATION JUDICIAL SYSTEM

FAMILY AND PROBATE MATTER SUMMARY SHEET

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.

PLEASE NOTE: You are **not** required to give a copy of this form to the other party.

TYPE OF ACTION *(select one)*:

- | | |
|---|---|
| ☐ Divorce - real estate involved | ☐ Divorce - no real estate |
| ☐ Parental Rights & Responsibilities (unmarried parents) | ☐ Parentage (determining parents of a child) |
| ☐ Judicial Separation | ☐ Annulment |
| ☐ Adoption of a minor | ☐ Guardianship of a minor |
| ☐ Name change of a minor | ☐ Registration of foreign judgement or order |
| ☐ Other family matter | |

TYPE OF FILING *(select one)*:

- | | | | |
|--|---|---------------------------------------|---|
| ☐ Original proceeding | ☐ Case transferred from probate court. Original docket number: _____ | | |
| _____ | | | |
| ☐ Post-Judgment Motion; | Original docket number: _____ | | |
| ☐ to Modify | ☐ to Enforce | ☐ for Contempt | ☐ to Terminate Parental Rights |
| ☐ Other: _____ | | | |

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

Name: First	Middle Last	Maiden
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Mailing Address	City	State	Zip
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Physical Address	City	State	Zip
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Gender	Date of Birth (<i>mm/dd/yyyy</i>)	SS Number Disclosure Required on separate form
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Home Telephone	Work Telephone
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Email

Attorney's Name	Bar ID#
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PENOBSCOT NATION JUDICIAL SYSTEM

Plaintiff/Petitioner Information: (A second plaintiff or petitioner, or person starting the case, if applicable.)

Name: First	Middle Last	Maiden
Mailing Address	City	State Zip
Physical Address	City	State Zip
Gender	Date of Birth (<i>mm/dd/yyyy</i>)	SS Number Disclosure Required on separate form
Home Telephone	Work Telephone	
Email		
Attorney's Name	Bar ID#	

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

Name: First	Middle Last	Maiden
Mailing Address	City	State Zip
Physical Address	City	State Zip
Gender	Date of Birth (<i>mm/dd/yyyy</i>)	SS Number Disclosure Required on separate form
Home Telephone	Work Telephone	
Email		
Attorney's Name	Bar ID#	

PENOBSCOT NATION JUDICIAL SYSTEM

Defendant/Respondent Information: (A second defendant or respondent, or person being served, if applicable.)

Name: First	Middle Last	Maiden
Mailing Address	City	State Zip
Physical Address	City	State Zip
Gender	Date of Birth (<i>mm/dd/yyyy</i>)	SS Number Disclosure Required on separate form
Home Telephone	Work Telephone	
Email		
Attorney's Name	Bar ID#	

Other Party Information: (if applicable):

Name: First	Middle Last	Maiden
Mailing Address	City	State Zip
Physical Address	City	State Zip
Gender	Date of Birth (<i>mm/dd/yyyy</i>)	SS Number Disclosure Required on separate form
Home Telephone	Work Telephone	
Email		
Attorney's Name	Bar ID#	

PENOBSCOT NATION JUDICIAL SYSTEM

Minor Children (of above parties):

Full name Date of Birth Gender
(mm/dd/yyyy)

			SS Number Disclosure Required
			SS Number Disclosure Required
			SS Number Disclosure Required
			SS Number Disclosure Required
			SS Number Disclosure Required
			SS Number Disclosure Required

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 (mm/dd/yyyy): _____

Signature of ☐ party ☐ party's attorney