

PENOBSCOT NATION JUDICIAL SYSTEM

_____, Plaintiff

☐ Individual **and** on behalf of:

☐ on behalf of:

v.

_____, Defendant

☐ on behalf of:

TRIBAL COURT

Location: Indian Island

Docket No: _____

AFFIDAVIT OF CONFIDENTIAL ADDRESS

19-A M.R.S. § 4112(1), 5 M.R.S. § 4656

PLEASE NOTE: When your contact information is confidential, the court cannot give your information to an advocate from a domestic violence or sexual assault community agency to call you. An advocate can help you find legal help, explain what happens in court, and go with you to court. If you want help from an advocate, call one of the numbers on the second page of this form.

I am the ☐ plaintiff ☐ defendant in this case and I request that the court keep the following information confidential:

☐ Physical address: _____

☐ Mailing address: _____

☐ Email address: _____

Telephone number: ☐ Cell _____ ☐ Home: _____

☐ Work _____

☐ Other (_____); _____

I state under oath that the health, safety, or liberty of myself and/or my child(ren) would be jeopardized by disclosure of this information for the following reasons:

☐ I swear under penalty of perjury that the above statements are true and correct. I understand that these statements are made for use as evidence in court and that I am subject to prosecution for perjury punishable by up to 1 year in jail and a fine of up to \$5,000 if I give false information to the court.

Date (mm/dd/yyyy): _____

Signature of ☐ plaintiff ☐ defendant

STATE OF MAINE

COUNTY _____

Personally appeared the above-named, and made oath that the foregoing statements are true under penalty of perjury.

Date (mm/dd/yyyy): _____

☐ Attorney at Law ☐ Notary Public ☐ Clerk