

STATE OF MAINE

DISTRICT COURT

Location \_\_\_\_\_

Docket No. \_\_\_\_\_

\_\_\_\_\_ Plaintiff

**ANSWER AND COUNTERCLAIM**

**FOR DIVORCE**

**(with children)**

Title to Real Estate Is Involved

19-A M.R.S. §§ 901, 1652, 1653, 1851

M.R. Civ. P. 10(a)

v.

\_\_\_\_\_ Defendant

COMES NOW THE DEFENDANT and for her/his Answer and Counterclaim for Divorce states as follows:

1. Defendant admits paragraphs # \_\_\_\_\_ of Plaintiff's Complaint for Divorce.
2. Defendant denies paragraphs # \_\_\_\_\_ of Plaintiff's Complaint for Divorce.
3. In further answer to the Plaintiff's complaint Defendant states as follows:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**COUNTERCLAIM FOR DIVORCE**

1. Defendant was lawfully married to Plaintiff in (town) \_\_\_\_\_, (county) \_\_\_\_\_, (state) \_\_\_\_\_, on \_\_\_\_\_ (mo/date/yr.)
2. Defendant now resides in (town) \_\_\_\_\_, (county) \_\_\_\_\_, (state) \_\_\_\_\_.

**If either party wishes to keep his/her address confidential, that party may complete an Affidavit for Confidential Address (FM-057). This form is available at the Clerk's Office or at courts.maine.gov.**

3.  Plaintiff now resides in (town) \_\_\_\_\_, (county) \_\_\_\_\_, (state) \_\_\_\_\_, **OR**  
 Residence of the Plaintiff is unknown and Defendant has used reasonable efforts and cannot locate Plaintiff.
4. The court has jurisdiction because (check all of the statements that apply):  
 A. Defendant resided in Maine in good faith for six months before filing this complaint;  
 B. Defendant is a resident of Maine and the parties were married in Maine;  
 C. Defendant is a resident of Maine and the parties resided in Maine when the grounds for divorce arose; and/or  
 D. Plaintiff is a resident of Maine.

5.  Neither Plaintiff nor Defendant has filed for divorce or annulment from the other before this complaint, **OR**  
 A complaint for divorce or annulment was filed before in (court name, town and state of court) \_\_\_\_\_

Docket No. \_\_\_\_\_

That case:  Was dismissed on (date) \_\_\_\_\_  
 Is still pending.

6. The parties have personal property, **AND**  
 Either or both parties has an interest in real estate, (file and exchange form FM-056)  
 Neither party has an interest in real estate.

7. Defendant lists the following grounds for divorce:

Irreconcilable marital differences exist between the parties.

Other \_\_\_\_\_

8. Defendant and Plaintiff are the legal parents of the following child(ren), 19-A M.R.S. § 1844 (2) (A):

*Name*

*Date of Birth*

*Present Address*

_____	_____	_____
_____	_____	_____
_____	_____	_____

List below where and with whom the child(ren) have lived within the **past 5 years.**

Name and present address of person child(ren) lived with

Dates child(ren) lived with that person

Town and State where child(ren) lived with that person

_____	_____	_____
_____	_____	_____
_____	_____	_____

9. Defendant has not been involved in any way in, and has no information about, another court case in Maine or in any other state concerning the custody of the child(ren) except as follows:

Protection from Abuse, (provide docket number): \_\_\_\_\_

Probate matter, (provide docket number): \_\_\_\_\_

Other (describe what kind of other case) \_\_\_\_\_

10. No one other than the parties has physical custody of the child(ren), or claims to have custody or visitation rights with respect to the child(ren), except as follows: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

11. **(Check all boxes that apply)**

No public assistance benefits have ever been received for the child(ren).

**OR**

Public assistance benefits have been, are now, or will be received for the child(ren). **AND**

Plaintiff has sent a copy of this complaint to the Department of Health and Human Services at the following address: *Support Enforcement Division, Central Office Supervisor, State House Station 11, Augusta, ME 04333-0011.* (A copy must be sent when the child(ren) have been, are now or will be receiving public assistance benefits.)

The Department of Health and Human Services **has** issued a child support order regarding the child(ren). *(If such an order has issued, a copy of the order must be attached to this Complaint).*

The Department of Health and Human Services **has** been contacted to set up, review, change or enforce a child support order regarding the child(ren).

12. **DEFENDANT REQUESTS** that a divorce be granted and that the court; **(Check all boxes that apply)**

Determine parental rights and responsibilities regarding the minor child(ren), including child support (file and exchange form FM-050);

Set apart the non-marital property to each party and divide the marital property;

Order that spousal support be paid to Defendant by Plaintiff (file and exchange form FM-043);

Award reasonable attorney's fees to Defendant's attorney (file and exchange form FM-043); and

Change Defendant's name to: \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_  
(Defendant's signature)

Attorney for Defendant: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_

Defendant: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_

**STATE OF MAINE**

\_\_\_\_\_ County

Personally appeared the above named Defendant, \_\_\_\_\_, and made Oath that the foregoing statements are true.

Before me,

Date: \_\_\_\_\_

\_\_\_\_\_  
Attorney at Law / Notary Public / Deputy Clerk

**Plaintiff has 20 days after being served with this complaint (being given a copy), to file an answer with the Court and must provide copies of all filings to other party.**