COMPLAINT FOR CHILD SUPPORT
INSTRUCTIONS FOR COMPLETING DOM REL 1

If there is no court order for support of a child in your care, you may initiate a case to obtain support of that child from the parent(s)/other parent, filing either through an attorney, through your local child support enforcement office, or by yourself. DOM REL forms were developed to assist persons deciding to proceed alone, but you are urged to consider carefully the importance of getting an attorney to help you. Do not use this form unless you can locate the other parent. If you do not know their whereabouts, it is recommended you file with the assistance of an attorney or through the local child support enforcement office.

There are 7 steps you must follow in order to proceed with the case yourself:

> STEP 1 — Completion of Form DOM REL 1.

Page 1 of DOM REL 1:

Court: Fill in the name of the County (or Baltimore City) where you intend to file your case. See ***General Instructions.***

Case No.: **DO NOT** write anything where it says "Case No." The Clerk of Court will fill in this blank and, at that time, you should make note of the number for future reference.

Plaintiff: Fill in your name, as "Plaintiff", and your current address and telephone number.

Defendant: Fill in the name of the parent you want to pay support, as "Defendant". You can only get support from a parent.

List the **current** address and telephone number for the defendant.

Item 1: Print your name in the space provided and state your relationship to the child(ren) by circling "mother" or "father" or naming your relationship in the blank.

List the child(ren)'s full name(s) and date(s) of birth.

Item 2: Enter the full address at which, and the name of the person with whom, the child(ren) is(are) living at this time.

Item 3: Fill in the name of the parent you want to pay child support and state his/her relationship to the child(ren) by circling "mother" or "father".

Check each box that applies to you. Check the third box if you believe the amount the parent is paying is not the amount that would be required by the Maryland Child Support Guidelines.

FOR THESE REASONS: Check each box that applies to you but **remember that the court need not give you what you asked for**. Fill in the name of the other side if you check the first or third box.

Check the second box if you want the support payments to come directly from the other side's paycheck. Also indicate whether you want the payments to come directly to you or through your local child support enforcement office.

Check the third box if you want to request that the parent include the child(ren) on the parent's health insurance.

Date and sign form DOM REL 1.

> STEP 2 — Completion of a Financial Statement.

Use Form DOM REL 30.

> STEP 3 — Filing Forms and Paying Filing Fee.

Take your completed forms to the Clerk of Court. Payment of a filing fee generally is required at this time. See ***General Instructions***. Make sure to note the case number assigned by the Clerk, as you will need the number as the case progresses.

> STEP 4 — Service.

You will need to have the other parent properly served with a copy of all the papers you are filing and with a Writ of Summons which is provided by the Court. See ***General Instructions***.

> STEP 5 — Request for Default if No Answer Filed.

If a defendant is served:	The defendant should answer within:
in Maryland	30 days after service
in another state	60 days after service
in another country	90 days after service

If a defendant does not file an answer by the required time, file a Request for Order of Default (DOM REL 54).

> STEP 6 — Request for Hearing or Proceeding.

The Complaint alone will not get you into court. You MUST file a Request for Hearing or Proceeding (DOM REL 59), so that a court date will be set. See ***General Instructions***.

> STEP 7 — Hearing or Trial.

See page 5 of ***General Instructions - What Happens in Court?***

You must bring a completed CHILD SUPPORT GUIDELINES WORKSHEET to the hearing or trial. You will have to show your income and expenses and those of the defendant. If you are unable to do this, you may want to see an attorney or go to your local child support enforcement office.

Circuit Court for _____
City or County

CIVIL–DOMESTIC CASE INFORMATION REPORT

Directions:

Plaintiff: *This Information Report must be completed and attached to the complaint filed with the Clerk of Court unless your case is exempted from the requirement by the Chief Judge of the Court of Appeals pursuant to Rule 2-111.* ***A copy must be included for each defendant to be served.***

Defendant: *You must file an Information Report as required by Rule 2-323(h).*

THIS INFORMATION REPORT CANNOT BE ACCEPTED AS AN ANSWER OR RESPONSE.

FORM FILED BY: ☐ PLAINTIFF ☐ DEFENDANT CASE NUMBER: _____ (Clerk to insert)

CASE NAME: _____ (Plaintiff) v _____ (Defendant)

PARTY'S NAME: _____ PHONE: (___) _____ (Daytime phone)

ADDRESS: _____

PARTY'S ATTORNEY'S NAME: _____ PHONE: (___) _____

ATTORNEY'S ADDRESS: _____

☐ I am not represented by an attorney

RELATED CASE PENDING? ☐ Yes ☐ No If yes, Court and Case #(s), if known: _____

Special Requirements? ☐ Interpreter/communication impairment Which language _____
(Attach Form 1-332 if Accommodation or Interpreter Needed) Which dialect _____

☐ ADA accommodation: _____

ALTERNATIVE DISPUTE RESOLUTION INFORMATION

Is this case appropriate for referral to an ADR process under Md. Rule 17-101? (Check all that apply)

A. Mediation ☐ Yes ☐ No C. Settlement Conference ☐ Yes ☐ No
B. Arbitration ☐ Yes ☐ No D. Neutral Evaluation ☐ Yes ☐ No

IS THIS CASE CONTESTED? ☐ Yes ☐ No If yes, which issues appear to be contested?

- ☐ Ground for divorce
- ☐ Child Custody ☐ Visitation
- ☐ Child Support
- ☐ Alimony ☐ Permanent ☐ Rehabilitative
- ☐ Use and possession of family home and property
- ☐ Marital property issues involving:
  - ☐ Valuation of business ☐ Pensions ☐ Bank accounts/IRA's ☐ Real Property
  - ☐ Other: _____
- ☐ Paternity
- ☐ Adoption/termination of parental rights
- ☐ Other: _____

Request is made for: ☐ Initial order ☐ Modification ☐ Contempt ☐ Absolute Divorce ☐ Limited Divorce

For non-custody/visitation issues, do you intend to request:

- ☐ Court-appointed expert (name field) _____
- ☐ Mediation by a Court-sponsored settlement program
- ☐ Initial conference with the Court
- ☐ Other: _____

For custody/visitation issues, do you intend to request:

- ☐ Mediation by a private mediator
- ☐ Evaluation by mental health professional
- ☐ Other Evaluation _____
- ☐ Appointment of counsel to represent child (not just to waive psychiatric privilege)
- ☐ A conference with the Court

_____

Is there an allegation of physical or sexual abuse of party or child? ☐ Yes ☐ No

Effective January 1, 2003

CASE NAME: _____ V _____ CASE NUMBER: _____
Plaintiff Defendant (Clerk to insert)

TIME ESTIMATE FOR A MERITS HEARING: _____ hours _____ days

TIME ESTIMATE FOR HEARING OTHER THAN A MERITS HEARING: _____ hours _____ days

_____ _____
Signature of Counsel/Party Date

_____
Print Name

_____
Street Address

_____
City/State/ZIP

RESET FORM

Circuit Court for_____ **Case No.**_____
City or County

Name		Name
Street Address / Apt. #	VS.	Street Address / Apt. #
City / State / Zip Code / ( ) Area Code / Telephone		City / State / Zip Code / ( ) Area Code / Telephone
Plaintiff		*Defendant*

COMPLAINT FOR CHILD SUPPORT

(DOM REL 1)

I, _____ , representing myself, state that:
My name

1. I am the ☐ mother ☐ father or_____
Relationship (for example, aunt, grandfather, guardian, etc.)

of the following minor child(ren) or adult disabled child(ren):

Name	Date of Birth	Name	Date of Birth
Name	Date of Birth	Name	Date of Birth

2. The child(ren) lives(s) at _____
Address

with _____.
Name

3. _____ is the ☐ mother ☐ father of the child(ren) and (*check all that apply*):
The Opposing Party

- ☐ is not making child support payments.
- ☐ is not making regular child support payments.
- ☐ is not making child support payments in an amount required by the Maryland Child Support Guidelines.
- ☐ is making child support payments, but I need an Earnings Withholding Order.

FOR THESE REASONS, I request the Court (*check all that apply*):

- ☐ Order _____ to pay child support in an amount required by the Maryland Child Support Guidelines.
  Name
- ☐ Order child support to be paid by earnings withholding order through the local support enforcement agency.
- ☐ Order _____ to provide health insurance for the child(ren).
  Name
- ☒ Order any other appropriate relief, including support arrearages, if appropriate, from the date of filing.

_____ Date _____ Signature

IMPORTANT: YOU MUST COMPLETE AND FILE A FINANCIAL STATEMENT WITH THIS FORM
(Use Form DOM REL 30 or DOM REL 31)

Circuit Court for_____ **Case No.**_____
City or County

Name		Name
Street Address / Apt. #	VS.	Street Address / Apt. #
City / State / Zip Code / Area Code ( ) Telephone		City / State / Zip Code / Area Code ( ) Telephone
Plaintiff		*Defendant*

FINANCIAL STATEMENT
(Short)
(DOM REL 30)

I, _____ , state that:

I am the ☐ mother/☐ father or _____
Check One — My name — State Relationship (for example, aunt, grandfather, guardian, etc.)

of the minor child(ren):

Name	Date of Birth	Name	Date of Birth
Name	Date of Birth	Name	Date of Birth
Name	Date of Birth	Name	Date of Birth

The following is a list of my income and expenses (see below*):

See definitions on back before filling out.

Total monthly income (before taxes) $_____

Child support I am paying for my other child(ren) each month _____

Alimony I am paying each month to _____ _____
Name of Person(s)

Alimony I am receiving each month from _____ _____
Name of Person(s)

<u>For the child or children listed above:</u>

Monthly health insurance premium _____

Work-related monthly child care expenses _____

Extraordinary monthly medical expenses _____

School and transportation expenses _____

*To figure the monthly amount of expenses, weekly expenses should be multiplied by 4.3 and yearly expenses should be divided by 12. If you do not pay the same amount each month for any of the categories listed, figure what your average monthly expense is.

I solemnly affirm under the penalties of perjury that the contents of the foregoing paper are true to the best of my knowledge, information and belief.

_____ **Date** _____ **Signature**

Total Monthly Income: Include income from all sources including self-employment, rent, royalties, business income, salaries, wages, commissions, bonuses, dividends, pensions, interest, trusts, annuities, social security benefits, workers compensation, unemployment benefits, disability benefits, alimony or maintenance received, tips, income from side jobs, severance pay, capitol gains, gifts, prizes, lottery winnings, etc. Do not report benefits from means-tested public assistance programs such as food stamps or AFDC.

Extraordinary Medical Expenses: Uninsured expenses over $100 for a single illness or condition including orthodontia, dental treatment, asthma treatment, physical therapy, treatment for any chronic health problems, and professional counseling or psychiatric therapy for diagnosed mental disorders.

Child Care Expenses: Actual child care expenses incurred on behalf of a child due to employment or job search of either parent with amount to be determined by actual experience or the level required to provide quality care from a licensed source.

School and Transportation Expenses: Any expenses for attending a special or private elementary or secondary school to meet the particular needs of the child or expenses for transportation of the child between the homes of the parents.

RESET FORM

This Worksheet was revised, effective 10/1/07, to permit changes in calculations in accordance with FL 12-204. This version has not been adopted by the Court of Appeals and does not conform to Maryland Rule 9-206 at this time. Changes to the Rule are currently pending.

Circuit Court for _____ **Case No.** _____
City or County

_____ vs. _____
Name Name

Street Address Apt. # Street Address Apt. #

City State Zip Code Area Code Telephone City State Zip Code Area Code Telephone

CHILD SUPPORT GUIDELINES WORKSHEET A

(Primary Physical Custody to One Parent)

(DOM REL 34)

Name of Child Date of Birth Name of Child Date of Birth

Name of Child Date of Birth Name of Child Date of Birth

Name of Child Date of Birth Name of Child Date of Birth

	Mother	Father	Combined
1. MONTHLY ACTUAL INCOME (Before taxes)			
a. Minus pre-existing child support payment actually paid	-	-	
b. Minus alimony actually paid	-	-	
c. Plus / minus alimony awarded in this case	+/-	+/-	
2. MONTHLY ADJUSTED ACTUAL INCOME			
3. PERCENTAGE SHARE OF INCOME (Divide each parent's income on Line 2 by the combined income on Line 2)	%	%	
4. **BASIC CHILD SUPPORT OBLIGATION** (Apply Line 2 Combined Income to Child Support Schedule)			
a. Work-Related Child Care Expenses (Code, FL § 12-204(h))			+
b. Health Insurance Expenses (Code, FL § 12-204(h)(1))			+
c. Extraordinary Medical Expenses (Code, FL § 12/204 (g))			+
d. Additional Expenses (Code, FL § 12-104(i))			+
5. TOTAL CHILD SUPPORT OBLIGATION (Add lines 4, 4a, 4b, 4c and 4d)			
6. EACH PARENT'S CHILD SUPPORT OBLIGATION (Multiply Line 3 times Line 5 for each parent)			
7. RECOMMENDED CHILD SUPPORT ORDER (Bring down amount from Line 6 for the non-custodial parent only. Leave custodial parent column blank) a. Minus direct pay by noncustodial parent from Line 4.	-	-	
8. RECOMMENDED AMOUNT TO BE PAID TO CUSTODIAL PARENT			

This Worksheet was revised, effective 10/1/07, to permit changes in calculations in accordance with FL 12-204. This version has not been adopted by the Court of Appeals and does not conform to Maryland Rule 9-206 at this time. Changes to the Rule are currently pending.

Comments, calculations, or rebuttals to schedule or adjustments if non-custodial parent directly pays extraordinary expenses: Deduct from the recommended child support order amount (Line 8) any third party benefits paid to or for a child (e.g. SSA Disability, retirement or other third party dependency benefit).	
PREPARED BY:	Date:

Reset

This Worksheet was revised, effective 10/1/07, to permit changes in calculations in accordance with FL 12-204. This version has not been adopted by the Court of Appeals and does not conform to Maryland Rule 9-206 at this time. Changes to the Rule are currently pending.

Circuit Court for _____ **Case No.** _____
City or County

Name						Name				
Street Address				Apt. #	**VS.**	Street Address				Apt. #
City	State	Zip Code	Area Code	Telephone		City	State	Zip Code	Area Code	Telephone

CHILD SUPPORT GUIDELINES WORKSHEET B

(Shared Physical Custody)

(DOM REL 35)

Name of Child	Date of Birth	Name of Child	Date of Birth
Name of Child	Date of Birth	Name of Child	Date of Birth
Name of Child	Date of Birth	Name of Child	Date of Birth

	Mother	Father	Combined
1. **MONTHLY ACTUAL INCOME** (Before taxes)			
a. Minus pre-existing child support payment actually paid	-	-	
b. Minus alimony actually paid	-	-	
c. Plus / minus alimony awarded in this case	+/-	+/-	
2. **MONTHLY ADJUSTED ACTUAL INCOME**			
3. **PERCENTAGE SHARE OF INCOME** (Divide each parent's income on Line 2 by the combined income on Line 2).	%	%	
4. **BASIC CHILD SUPPORT OBLIGATION** (Apply Line 2 Combined Income to the Child Support Schedule)			
5. **ADJUSTED BASIC CHILD SUPPORT OBLIGATION** (Line 4 times 1.5)			
6. **OVERNIGHTS** with each parent (must total 365)			365
7. **PERCENTAGE WITH EACH PARENT** (Line 6 divided by 365)	A %	B %	
STOP HERE IF Line 7 is less than 35% for either parent. Shared physical custody does not apply. Use DOM. REL. 34 instead.			
8. EACH PARENT'S THEORETICAL CHILD SUPPORT OBLIGATION (Multiply Line 3 times Line 5 for each parent)	A	B	

This Worksheet was revised, effective 10/1/07, to permit changes in calculations in accordance with FL 12-204. This version has not been adopted by the Court of Appeals and does not conform to Maryland Rule 9-206 at this time. Changes to the Rule are currently pending.

	Mother	Father	Combined
9. **BASIC CHILD SUPPORT OBLIGATION FOR TIME WITH OTHER PARENT** (Multiply Line 7A times Line 8B and put answer on Line 9B. Multiply Line 7B times Line 8A and put answer on Line 9A).	A	B	
10. **NET BASIC CHILD SUPPORT OBLIGATION** (Subtract lesser amount from greater amount in Line 9 and place answer here under column with greater amount in Line 9).			
11. **EXPENSES**			
a. Work-Related Child Care Expenses (Code, FL § 12-204(h))			+
b. Health Insurance Expense Code (Code, FL § 12-204(h)(1))			+
c. Extraordinary Medical Expenses (Code, FL §12-204(g))			+
d. Additional Expenses (Code, FL § 12-204(i))			+
12. **NET ADJUSTMENT** from ADJUSTMENT WORKSHEET, below, if applicable. If not, continue to Line 13.			
13. **NET BASIC CHILD SUPPORT OBLIGATION** (From Line 10 of this worksheet, above.)			
14. **RECOMMENDED CHILD SUPPORT ORDER** (If the same parent owes money under Lines 12 and Line 13, add these two figures to obtain amount owed by that parent. If one parent owes money under Line 12 and the other owes money under Line 13, subtract the lesser amount from the greater to obtain the difference. The parent owing the greater of the two amounts on Lines 12 and 13 will owe that difference as the child support obligation. NOTE: The amount owed in a shared custody arrangement may not exceed the amount that would be owed if the obligor parent were a non-custodial parent. See DOM. REL. 34).			

Comments, calculations, or rebuttals including in-kind responsibility because of sharing or special adjustments because of direct payments:

Deduct from the recommended child support order amount (Line 14) any third party benefits paid to or for a child (e.g. SSA Disability, retirement or other third party dependency benefit).

PREPARED BY: Date:

ADJUSTMENT WORKSHEET
(For Calculating Line 12 of Shared Physical Custody Worksheet, above)

INSTRUCTIONS FOR ADJUSTMENT WORKSHEET: *Use this worksheet ONLY if any of the Expenses listed in Lines 11a, 11b, 11c or 11d is directly paid out or received by the parents in a different proportion than the percentage share of income entered on Line 3 of the Shared Physical Custody Worksheet, above. Example: If the mother pays all of the daycare, or parents split education/medical costs 50/50 and Line 3 is other than 50/50. If there is more than one 11d expenses, the calculations on Lines g and h below must be made for each expense.*

This Worksheet was revised, effective 10/1/07, to permit changes in calculations in accordance with FL 12-204. This version has not been adopted by the Court of Appeals and does not conform to Maryland Rule 9-206 at this time. Changes to the Rule are currently pending.

	Mother	Father
a. Total amount of direct payments made for line 11a expenses times each parent's percentage of income (Line 3, Shared Physical Custody Worksheet) (Proportionate share)		
b. The excess amount of direct payments made by the parent who pays more than the amount calculated in Line a, above. (The difference between amount paid and proportionate share).		
c. Total amount of direct payments made for Line 11b expenses times each parent's percentage of income (Line 3, Shared Physical Custody Worksheet).		
d. The excess amount of direct payments made by the parent who pays more than the amount calculated on Line c, above.		
e. Total amount of direct payments made for Line 11c expenses times each parent's percentage of income (Line 3, Shared Physical Custody Worksheet).		
f. The excess amount of direct payments made by the parent who pays more than the amount calculated in Line e, above.		
g. Total amount of direct payments made for line 11d, expenses times each parent's percentage of income (line 3, Shared Physical Custody Worksheet).		
h. The excess amount of direct payments made by the parent who pays more than the amount calculated in Line g, above.		
i. For each parent, add lines b, d, f, and h		
j. Subtract lesser amount from greater amount in Line i, above. Place the answer on this line under the lesser amount in Line i. Also enter this answer on Line 12 of the Shared Physical Custody Worksheet, in the same parent's column.		

Reset