

Mark this box if this form contains Restricted Information.



CIRCUIT COURT FOR _____, MARYLAND

City/County

Located at _____ **Case No.** _____

Court Address

Plaintiff _____

Defendant _____

Street Address _____

Street Address _____

City, State, Zip _____

Telephone _____

City, State, Zip _____

Telephone _____

**COMPLAINT FOR CHILD SUPPORT
(Family Law Art., Title 12)**

MDEC counties only: If this submission contains Restricted Information (confidential by statute, rule or court order) you must file a Notice Regarding Restricted Information Pursuant to Rule 20-201.1 (form MDJ-008) with this submission, and check the Restricted Information box on this form.

NOTE: Complete and attach a financial form to this document. If parents' combined gross monthly income (not take home pay) is **\$15,000 or less**, attach Financial Statement (Child Support Guidelines) (CC-DR-030); if the combined gross monthly income is **more than \$15,000**, attach Financial Statement (General) (CC-DR-031).

My name is _____ and I state that:

1. I am the mother father _____^{Name} _____^{Name} of _____^{Name} Relationship (for example, aunt, grandfather, guardian) of the following child(ren) or adult disabled person(s), including children who are under age 19, and are enrolled in secondary school:

Name(s)	Date(s) of birth

2. I know of the following cases, or I have been involved (as a party, witness, etc.) in the following cases about me, my spouse, or the child(ren). *Include cases such as custody, child support, guardianship, domestic violence/protective order, paternity, divorce, visitation (child access), CINA, delinquency, termination of parental rights, adoption or other cases.*

<u>Court</u>	<u>Case No.</u>	<u>Kind of Case</u>	<u>Year Filed</u>	<u>Result or Status (if you know)</u>

Attach the most recent court order for these cases.

3. The child(ren) currently live(s) at _____ Address
with _____ Name .

4. _____ Name is the mother father of the child(ren) and

(check all that apply):

- 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 ask the court to order that *(check all that apply)*:

_____ Name pay child support in an amount required by the Maryland Child Support Guidelines.

Child support be paid by Earnings Withholding Order through the local support enforcement agency.

_____ Name provide health insurance for the child(ren).

_____ Name pay back child support (support arrearages), if appropriate, from the date of filing.

Any other appropriate relief.

_____ Date

_____ Signature

_____ Printed Name

_____ Address

_____ City, State, Zip

_____ Telephone Number

_____ E-mail

_____ Fax