

Sample for Reference Purposes Only. Forms have bilingual format for your convenience, but must be completed and filed with the court in English. 表格样本, 仅供参考. 为了提供便利, 表格采用双语格式, 但向法院提交的表格必须用英语填写。

Mark this box if this form contains Restricted Information.  
如果此表单包含限制性信息, 请勾选此框。



CIRCUIT COURT FOR \_\_\_\_\_, MARYLAND  
City/County

马里兰州 \_\_\_\_\_, 巡回法院  
市/县

Located at \_\_\_\_\_ Telephone \_\_\_\_\_  
Court Address

位于 \_\_\_\_\_ 电话 \_\_\_\_\_  
法院地址

Case No. \_\_\_\_\_  
案件编号 \_\_\_\_\_

Plaintiff  
原告

Defendant  
被告

Street Address  
街道地址

Street Address  
街道地址

City, State, Zip  
城市、州、邮政编码

Telephone  
电话

City, State, Zip  
城市、州、邮政编码

Telephone  
电话

E-mail  
电子邮箱

E-mail  
电子邮箱

**COMPLAINT FOR CHILD SUPPORT**  
**子女抚养诉状**  
**(Family Law Art., Title 12)**  
**(《家庭法条例》第 12 条)**

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.

如果此文书包含限制性信息(根据法规、规则或法令保密), 您必须根据规则第 20-201.1 条(表格 MDJ-008)在提交本文书时随附一份有关限制性信息的声明, 并勾选此表格上的限制性信息框。

**NOTE:** Complete and attach a financial form to this document. If parents' combined gross monthly income (not take home pay) is **\$30,000 or less**, attach Financial Statement (Child Support Guidelines) (CC-DR-030); if the combined gross monthly income is **more than \$30,000**, attach Financial Statement (General) (CC-DR-031).

**注意:**填写财务报表并附于本文件后。如果父母月收入总和(税前)为 **\$30,000 或以下**, 请附上财务报表(子女抚养费指南)(CC-DR-030);如果月收入总和**超过 \$30,000**, 请附上财务报表(一般)(CC-DR-031)。

My name is \_\_\_\_\_ and I state that:  
Name

我的姓名是 \_\_\_\_\_, 我做出以下陈述:  
姓名

1. I am the  mother  father  \_\_\_\_\_  
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:

我是以下子女或成年残疾子女的母亲 父亲 \_\_\_\_\_  
关系(例如阿姨/姑妈/伯母/舅妈、祖父/外祖父、监护人)

以下子女或成年残疾子女, 包括未满19岁以及, 在中学就读的儿童:

Name(s) 姓名	Date(s) of birth 出生日期

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.*

我知道以下案件, 或者我曾参与(作为当事人、证人等)以下关于我、我的配偶或子女的案件。包括例如监护权、子女抚养费、监护人、家庭暴力/保护令、亲子关系、离婚、探视(探视子女)、需要援助的儿童(CINA)、违法行为、父母权利终止、领养等案件或其他案件。

<u>Court</u> 法院	<u>Case No.</u> 案件编号	<u>Kind of Case</u> 案件类型	<u>Year Filed</u> 提交年份	<u>Result or Status (if you know)</u> 结果或状态(如果您知道)

**Attach the most recent court order for these cases.**

**附上这些案件的最近法院令。**

3. The child(ren) currently live(s) at \_\_\_\_\_ Address

with \_\_\_\_\_ Name

子女目前生活在 \_\_\_\_\_ 地址

一起生活的人有 \_\_\_\_\_ 姓名

4. \_\_\_\_\_ is the  mother  father of the child(ren) and

**(check all that apply):**

\_\_\_\_\_ 子女的 母亲 父亲, 以及

**(勾选所有适用项):**

is not making child support payments.  
没有支付子女抚养费。

is not making regular child support payments.  
没有定期支付子女抚养费。

is not making child support payments in an amount required by the Maryland Child Support Guidelines.  
未按照《马里兰州子女抚养费指南》要求的数额支付儿童抚养费。

is making child support payments, but I need an Earnings Withholding Order.  
支付子女抚养费, 但我需要申请扣留收入命令。

**FOR THESE REASONS, I ask the court to order that (check all that apply):**  
**为此, 我要求法院命令 (勾选所有适用项):**

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

\_\_\_\_\_ 按照马里兰州子女基金会的要求, 支付子女抚养费的数额  
姓名  
抚养费指南。

child support be paid by Earnings Withholding Order through the local support enforcement agency.  
按《收入扣费命令》通过地方抚养执行机构支付子女抚养费。

\_\_\_\_\_ provide health insurance for the child(ren).  
Name

\_\_\_\_\_ 为子女提供健康保险。  
姓名

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

\_\_\_\_\_ 偿还子女抚养费为(抚养费欠款), 如适用, 来自 存档日期。  
姓名

any other appropriate relief.

任何其他合适的救济。

\_\_\_\_\_  
Date  
日期

\_\_\_\_\_  
Signature  
签名

\_\_\_\_\_  
Printed Name  
印刷体姓名

\_\_\_\_\_  
Street Address  
街道地址

\_\_\_\_\_  
City, State, Zip  
城市、州、邮政编码

\_\_\_\_\_  
Telephone Number  
电话号码

\_\_\_\_\_  
E-mail  
电子邮件

\_\_\_\_\_  
Fax  
传真