

This form contains Restricted Information.



CIRCUIT COURT FOR _____, **MARYLAND**

City/County

Located at _____ **Case No.** _____

Court Address

Plaintiff

VS.

Defendant

Street Address

Street Address

City, State, Zip

Telephone

City, State, Zip

Telephone

**PETITION TO MODIFY CHILD SUPPORT
(Family Law Art., Title 12)**

MDEC counties only: You must file a Notice Regarding Restricted Information Pursuant to Rule 20-201.1 (form MDJ-008) with this submission.

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:

Name

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

Name(s)	Date(s) of birth

2. On _____, the Circuit Court for _____ issued an order in case number _____, ordering _____ to pay \$ _____ weekly, biweekly, or monthly toward the support of the child(ren).
3. Since the most recent order, circumstances have changed (*check all that apply*):
 Expenses for the child(ren) have substantially increased (*explain*):

Case No. _____

Expenses for the child(ren) have substantially decreased (*explain*):

_____'s income has substantially increased (*explain*):
Name _____

_____'s income has substantially decreased (*explain*):
Name _____

The child(ren) is/are no longer entitled to receive child support because the child(ren) (*check all that apply*):
 has reached the age of 18 and is no longer in high school.
 has reached the age of 19.
 is married.
 is emancipated.
 has died.
 Other changes have occurred (*explain*): _____

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

- Order an increase in child support.
- Order a decrease in child support.
- Order child support to be paid (*check one*):
 - by Earnings Withholding Order through the local support enforcement agency.
 - directly to the person who has custody.
- Order _____ to provide health insurance for the child(ren).
Name _____
- Order any other appropriate relief.

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

Date

Signature

Printed Name

Address

City, State, Zip

Telephone Number

E-mail

Fax