



CIRCUIT COURT FOR \_\_\_\_\_, MARYLAND

City/County

Located at \_\_\_\_\_ Case No. \_\_\_\_\_

vs.

Name \_\_\_\_\_ Name \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Telephone \_\_\_\_\_ City, State, Zip \_\_\_\_\_ Telephone \_\_\_\_\_

Plaintiff/Counter-Defendant

Defendant/Counter-Plaintiff

COUNTER-COMPLAINT FOR  CUSTODY  CHILD SUPPORT

I, \_\_\_\_\_, representing myself, file a Counter-Complaint to \_\_\_\_\_ filed against me, state:

Name of Complaint, Petition, or Motion That You are Countering

1. I am the  mother  father or \_\_\_\_\_ Relationship (for example, aunt, grandfather, guardian, etc.) of the following minor child(ren):

Table with 4 columns: Name, Date of Birth, Name, Date of Birth. Multiple rows for listing children.

2. I know of the following related cases concerning the child(ren) or parties (such as domestic violence, paternity, divorce, custody, visitation, termination of parental rights, adoption or other cases):

Court Case No. Kind of Case Year Filed Results or Status (if you know)

Table with 5 columns for case details. Multiple rows for listing related cases.

Attach the most recent court order for the above-referenced court cases.

3. I have been a party, witness, or otherwise involved in the following cases about custody or visitation of the child(ren):

State Court Case No. Date of Child Custody Determination

Table with 4 columns for custody cases. Multiple rows for listing cases.

Attach the most recent court order for the above-referenced court cases.

4. I know of the following people, not parties to this case, who have physical custody of, or claim rights of legal custody or physical custody of, or visitation with the child(ren):

Table with 2 columns: Name, Current Address. Multiple rows for listing other parties.

5. The child(ren) are currently living with: .....  
Name

6. The child(ren) have lived in the following places, with the persons indicated during the last five (5) years:

<u>Time Period</u>	<u>Place</u>	<u>Name(s)/Current Address of Person(s) With Whom Child Lived</u>
.....	.....	.....
.....	.....	.....
.....	.....	.....

7. It is in the best interests of the child(ren) that I have (*check all that apply*):

- joint  sole (*check one*) physical custody of .....  
and reasonable child support. Name(s) of Child(ren)
- joint  sole (*check one*) legal custody of .....  
and reasonable child support. Name(s) of Child(ren)
- visitation with .....  
Name(s) of Child(ren)

8. The plaintiff/counter-defendant is the <sup>(Check One)</sup>  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.

9. (*In the space provided, please provide the court with facts that prove your case and support your request for relief.*)

.....  
.....  
.....  
.....  
.....  
.....  
.....  
.....

**FOR THESE REASONS**, I want the court to grant me (check all that apply and attach forms indicated):

- Grant me <sup>(Check One)</sup>  sole  joint physical custody of the child(ren) and reasonable child support.
- Grant me <sup>(Check One)</sup>  sole  joint legal custody of the child(ren) and reasonable child support.
- Allow .....  
Name(s) to visit with the child(ren).

Allow \_\_\_\_\_ to visit with the child(ren) on the following terms: Name(s) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Allow no visitation because: \_\_\_\_\_  
\_\_\_\_\_

Order \_\_\_\_\_ to pay health insurance for child(ren). Name(s)

Order \_\_\_\_\_ to pay child support (**attach Financial Statement. Use Financial Statement (Child Support Guidelines) (CC-DR-030) or Financial Statement (General) (CC-DR-031).**) Name(s)

(State other requests relating to the children): \_\_\_\_\_  
\_\_\_\_\_

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

**CERTIFICATE OF SERVICE**

I CERTIFY that on this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, a copy of this counterclaim and a copy of the forms listed above, were mailed, postage prepaid, to:

\_\_\_\_\_  
Opposing Party or His/Her Attorney

\_\_\_\_\_  
Opposing Party's or His/Her Attorney's Address Including City/State/Zip

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature