

Circuit Court for \_\_\_\_\_ Case No. \_\_\_\_\_  
City or County

Name \_\_\_\_\_  
Street Address \_\_\_\_\_ Apt. # \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Area Code \_\_\_\_\_ Telephone \_\_\_\_\_  
Plaintiff

VS.

Name \_\_\_\_\_  
Street Address \_\_\_\_\_ Apt. # \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Area Code \_\_\_\_\_ Telephone \_\_\_\_\_  
Defendant

### COMPLAINT FOR CHILD SUPPORT (DR 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  
Name  
the Maryland Child Support Guidelines.
- 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 DR 30 or DR 31)**