

**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 \_\_\_\_\_

**FINANCIAL STATEMENT  
(Child Support Guidelines)  
(Md. Rule 9-203(b))**

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

I, \_\_\_\_\_, state that:  
Name

I am the \_\_\_\_\_ of the minor child(ren),  
State relationship (for example, mother, father, aunt, grandfather, guardian, etc.)  
including children who have not attained the age of 19 years old, are not married or self-supporting, and are enrolled in secondary school:

_____	_____	_____	_____
Name	Date of Birth	Name	Date of Birth
_____	_____	_____	_____
Name	Date of Birth	Name	Date of Birth
_____	_____	_____	_____
Name	Date of Birth	Name	Date of Birth

The following is a list of my income and expenses (see below\*):  
**See definitions on page 2 before filling out.**

Total monthly income (before taxes) \$ \_\_\_\_\_

Child support I am paying for my other child(ren) each month \$ \_\_\_\_\_

Alimony I am paying each month to \_\_\_\_\_ \$ \_\_\_\_\_  
Name of Person(s)

Alimony I am receiving each month from \_\_\_\_\_ \$ \_\_\_\_\_  
Name of Person(s)

For the child or children listed above:

The monthly health insurance premium \$ \_\_\_\_\_

Work-related monthly child care expenses \$ \_\_\_\_\_

Extraordinary monthly medical expenses \$ \_\_\_\_\_

School and transportation expenses \$ \_\_\_\_\_

\*To figure the monthly amount of expenses, weekly expenses should be multiplied by 4.3 and yearly expenses should be divided by 12. If you do not pay the same amount each month for any of the categories listed, figure what your average monthly expense is.

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 \_\_\_\_\_

**Total Monthly Income:** Include income from all sources including, self-employment, rent, royalties, business income, salaries, wages, commissions, bonuses, dividends, pensions, interest, trusts, annuities, social security benefits, workers compensation, unemployment benefits, disability benefits, alimony or maintenance received, tips, income from side jobs, severance pay, capital gains, gifts, prizes, lottery winnings, etc. Do not report benefits from means-tested public assistance programs such as food stamps or AFDC.

**Extraordinary Medical Expenses:** Uninsured expenses in excess of \$250 in a calendar year for medical treatment, including orthodontia, dental treatment, vision care, asthma treatment, physical therapy, treatment for any chronic health problems, and professional counseling or psychiatric therapy for diagnosed mental disorders.

**Child Care Expenses:** Actual child care expenses incurred on behalf of a child due to employment or job search of either parent with amount to be determined by actual experience or the level required to provide quality care from a licensed source.

**School and Transportation Expenses:** Any expenses for attending a special or private elementary or secondary school to meet the particular needs of the child and expenses for transportation of the child between the homes of the parents.