

Mark this box if this form contains Restricted Information.



CIRCUIT COURT FOR _____, **MARYLAND**

City/County

Located at _____ Telephone _____

Court Address

Case No. _____

Plaintiff _____

Defendant _____

Street Address _____

Street Address _____

City, State, Zip _____ Telephone _____

City, State, Zip _____ Telephone _____

E-mail _____

E-mail _____

**COMPLAINT FOR CHILD SUPPORT
(Family Law Art., Title 12)**

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.

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).

My name is _____ and I state that:

Name

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

Name(s)	Date(s) of birth

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.*

<u>Court</u>	<u>Case No.</u>	<u>Kind of Case</u>	<u>Year Filed</u>	<u>Result or Status (if you know)</u>

Attach the most recent court order for these cases.

Case No. _____

3. The child(ren) currently live(s) at _____
Address
with _____
Name

4. _____ is the mother father of the child(ren) and
Name
(*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.

FOR THESE REASONS, I ask the court to order that (*check all that apply*):

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

child support be paid by Earnings Withholding Order through the local support enforcement agency.

_____ provide health insurance for the child(ren).
Name

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

any other appropriate relief.

Date

Signature

Printed Name

Street Address

City, State, Zip

Telephone Number

E-mail

Fax