

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)**

**MDEC counties only: 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:

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.**

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

4. \_\_\_\_\_ Name is the  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.

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

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

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

\_\_\_\_\_ Name provide health insurance for the child(ren).

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

any other appropriate relief.

\_\_\_\_\_ Date

\_\_\_\_\_ Signature

\_\_\_\_\_ Printed Name

\_\_\_\_\_ Address

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

\_\_\_\_\_ Telephone Number

\_\_\_\_\_ E-mail

\_\_\_\_\_ Fax