



CIRCUIT COURT FOR _____, **MARYLAND**

City/County

Located at _____ **Case No.** _____

Court Address

Plaintiff _____

Defendant _____

Street Address _____

Street Address _____

City, State, Zip _____ Telephone _____

City, State, Zip _____ Telephone _____

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

NOTE: Complete and attach a financial form to this document. If parents' combined gross monthly income (not take home pay) is **\$15,000 or less**, attach Financial Statement (Child Support Guidelines) (CC-DR-030); if the combined gross monthly income is **more than \$15,000**, 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.

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