



**MARYLAND CIRCUIT COURT FOR \_\_\_\_\_, MARYLAND**

City/County

Located at \_\_\_\_\_ **Case No.** \_\_\_\_\_

Court Address

**Plaintiff 1** \_\_\_\_\_

**VS. Defendant 1** \_\_\_\_\_

Street Address \_\_\_\_\_

Street Address \_\_\_\_\_

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

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

**Plaintiff 2** \_\_\_\_\_

**Defendant 2** \_\_\_\_\_

Street Address \_\_\_\_\_

Street Address \_\_\_\_\_

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

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

**COMPLAINT FOR CUSTODY  
(Md. Code, Family Law Art., § 5-203)**

**NOTE:** Use this form if there is no court order for child custody to which you are a party. Attach a completed Civil Domestic Case Information Report (CC-DCM-001). You must “serve” the other party(ies) with a copy of this paperwork. See General Instructions (CC-DRIN) for information on service of process, filing fees, and other topics. Also see Maryland Parenting Plan Instructions (CC-DRIN-109) and Maryland Parenting Plan Tool (CC-DR-109).

I/We \_\_\_\_\_ state that:  
Your name(s)

1. I am/We are the  mother  father  \_\_\_\_\_  
Relationship (for example, aunt, grandfather, guardian)  
of the following minor child(ren):

Name(s)	Date(s) of birth

2. \_\_\_\_\_ is the  mother  father  
Name of defendant 1  
 \_\_\_\_\_ of the minor child(ren).  
Relationship (for example, aunt, grandfather, guardian)

- \_\_\_\_\_ is the  mother  father  
Name of defendant 2  
 \_\_\_\_\_ of the minor child(ren).  
Relationship (for example, aunt, grandfather, guardian)

3. The child(ren) live(s) at \_\_\_\_\_  
Address  
with \_\_\_\_\_  
Name of person(s) and relationship to child(ren)

4. The minor child(ren) has/have lived in Maryland for at least six (6) months  yes  no. In the past five (5) years the minor child(ren) has/have lived in the following places with the following persons:

<u>Time Period</u>	<u>City and State</u>	<u>Name(s) and Current Address(es) of Person(s) with whom Child(ren) Lived</u>

5. I/We know of the following cases, or I/we have been involved (as a party, witness, etc.) in the following cases about me/us, the other party(ies), 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.**

6. I/We know of the following people, who are not parties to this case, who have physical custody of, or claim rights of legal custody (decision-making authority), physical custody (parenting time), or visitation (child access) with the minor child(ren):

<u>Name</u>	<u>Current Address</u>

7. It is in the best interest of the minor child(ren) that I/we have (*check one selection from each line*):

joint  primary physical custody (parenting time) of

\_\_\_\_\_  
Name(s) of child(ren)

because: \_\_\_\_\_

joint  sole legal custody (decision-making authority) of

\_\_\_\_\_  
Name(s) of child(ren)

because: \_\_\_\_\_

I/We and the other party(ies) (*select one*):

have agreed on a parenting plan(s) that we believe is/are in the best interest of the minor child(ren).

**Attach your signed parenting plan agreement.**

have not agreed on a parenting plan(s).

**See: Maryland Parenting Plan Instructions (CC-DRIN-109) and Maryland Parenting Plan Tool (CC-DR-109).**

**FOR THESE REASONS**, I request the court (*check all that apply*):

Grant me/us  joint  primary (*check one*) physical custody (parenting time) of the child(ren).

Grant me/us  joint  sole (*check one*) legal custody of the child(ren).

Allow \_\_\_\_\_ to visit with the child(ren).  
Name(s)

Allow \_\_\_\_\_ to visit with the child(ren) on the following  
Name(s)

terms (*for example, how often, on what holidays, or location of visits*):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Allow no visitation because:

.....  
.....  
.....

Order ..... Name(s) ..... to pay health insurance for child(ren).

Order ..... Name(s) ..... to pay child support.

***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 combined gross monthly income is more than \$15,000, attach Financial Statement (General) (CC-DR-031).***

(State other requests relating to the child(ren)):

.....  
.....

Order any other appropriate relief.

I/We solemnly affirm under the penalties of perjury that the contents of this document are true to the best of my/our knowledge, information, and belief.

.....  
Date

.....  
Signature 1

.....  
Printed Name

.....  
Address

.....  
City, State, Zip

.....  
Telephone Number

.....  
E-mail

.....  
Fax

.....  
Date

.....  
Signature 2

.....  
Printed Name

.....  
Address

.....  
City, State, Zip

.....  
Telephone Number

.....  
E-mail

.....  
Fax