

Mark this box if this form contains Restricted Information.



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)**

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: 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)

Case No.

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*):

Case No. _____

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