



CIRCUIT COURT FOR _____, **MARYLAND**

City/County

Located at _____ **Case No.** _____

Court Address

Plaintiff _____ vs. Defendant _____

Street Address _____ Street Address _____

City, State, Zip _____ Telephone _____ City, State, Zip _____ Telephone _____

**PETITION TO MODIFY 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 _____
Relationship (for example, aunt, grandfather, guardian)
of the following child(ren) or adult disabled child(ren), including children who are under age 19,
and are enrolled in secondary school:

Name(s)	Date(s) of birth

2. On _____, the Circuit Court for _____ issued an
Date City/County
order in case number _____, ordering _____
Name
to pay \$ _____ weekly, biweekly, or monthly toward the support of the
Amount child(ren).

3. Since the most recent order, circumstances have changed (*check all that apply*):
 Expenses for the child(ren) have substantially increased (*explain*):

Expenses for the child(ren) have substantially decreased (*explain*):

.....
.....

..... 's income has substantially increased (*explain*):
Name

.....
.....

..... 's income has substantially decreased (*explain*):
Name

.....
.....

The child(ren) is/are no longer entitled to receive child support because the child(ren) (*check all that apply*):

has reached the age of 18 and is no longer in high school.

has reached the age of 19.

is married.

is emancipated.

has died.

Other changes have occurred (*explain*):

.....
.....

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

Order an increase in child support.

Order a decrease in child support.

Order child support to be paid (*check one*):

by Earnings Withholding Order through the local support enforcement agency.

directly to the person who has custody.

Order to provide health insurance for the child(ren).
Name

Order any other appropriate relief.

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

.....
Date

.....
Signature

.....
Printed Name

.....
Address

.....
City, State, Zip

.....
Telephone Number

.....
E-mail

.....
Fax