| completed | or Reference Purposes Only. Forms d and filed with the court in English 長格必须用英语填写。 | | | | |
|---|---|--|--|--|--|
| | 这有受限信息。 | | | | |
| MARYLANS | CIRCUIT COURT FOR | | | , MARYLAND | |
| 1 in | 巡回注院 | | City/County | | |
| UDICIAR | | | 市/县 , 正 | | |
| | Located at | Court Address | Telephon | e | |
| | 地址 | 法院地址 | 电记 | <u> </u> | |
| | | | Case No. | | |
| | | VS. | <i>禾</i> 竹细芍 | | |
| Plaintiff 原告 | | | Defendant 被告 | | |
| Street Addres 街道地址 | 55 | | Street Address 街道地址 | | |
| City, State, Z 城市、州、邮 | | | City, State, Zip 城市、州、邮政编码 | Telephone 电话 | |
| E-mail 电子邮箱 | | | E-mail 电子邮箱 | | |
| this submi | file a Notice Regarding Restricted In ission. 提交此材料的同时提交一份《根据第 | | uant to Rule 20-201.1 (form N | | |
| NOTE: Co home pay) monthly in 注意: 填写 | omplete and attach a financial form to the is \$30,000 or less , attach Financial States of the is more than \$30,000 , attach Financial States of the stat | this document. If atement (Child Su nancial Statemen 良父母的合计月点 | parents' combined gross month upport Guidelines) (CC-DR-030 t (General) (CC-DR-031). 总收入(非实发工资)为 30,00 | ly income (not take)); if the combined gross 0 美元或以下, 请附上 | |
| My name i | S | N | and | l I state that: | |
| | 旦 正 | | ,爭 | | |
| 1 т. | 4 | | | | |
| of in 我 | am the 🗆 mother 🗆 father 🗆 The following child(ren) or adult disab secondary school: 是以下儿童或成年残疾儿童的 母 | Relations oled child(ren), in 亲 父亲 | • | age 19, and are enrolled | |
| 민 | 括未满 19 周岁且在中学就读的儿童 | <u>a</u> . | | PEMCS | |

| | | Case No 案件编号 | | | | |
|----------|---|--|--|--|--|--|
| | Name(s) 姓名 | Date(s) of birth 出生日期 | | | | |
| 2. | On, the Circuit Court for | issued an issued an | | | | |
| | order in case number, or | rdering City/Name | | | | |
| | to pay $\qquad \qquad \qquad$ | | | | | |
| | ,城市 | /县 | | | | |
| | | 日期 | | | | |
| | 每周、 每两周或 每月为该儿童支付 | | | | | |
| 3. 4. | Since the most recent order, circumstances have changed <i>(check all that apply)</i> : 自最近一次下达命令以来, 情况发生了变化 <i>(请勾选所有适用选项)</i> : □ Expenses for the child(ren) have substantially increased <i>(explain)</i> : 儿童的开支大幅增加 <i>(请解释)</i> : | | | | | |
| | □ Expenses for the child(ren) have substantially decreas 儿童的开支大幅降低 (<i>请解释</i>): | ed <i>(explain):</i> | | | | |
| | □Name | 's income has substantially increased (explain): 的收入大幅增加 (请解释): | | | | |
| | | | | | | |
| | Name | 's income has substantially decreased <i>(explain)</i> | | | | |
| | | 的收入大幅降低 (请解释) : | | | | |
| | | | | | | |

| Case No. | _ |
|----------|---|
| 案件编号 | |

□ The child(ren) is/are no longer entitled to receive child support because the child(ren) (check all that apply): 由于该儿童(请勾选所有适用的选项),因此该儿童不再有权获得子女抚养费:

□ has/have reached the age of 18 and is/are no longer in high school. 已满 18 岁, 不再读高中。

□ has/have reached the age of 19. 已满 19 岁。

□ is/are married. 已婚。

□ is/are emancipated. 已独立生活。

□ has/have died. 已故。

□ Other changes have occurred *(explain)*: ______发生了其他变化 (请解释): _____

FOR THESE REASONS, I request the court (check all that apply): 为此,我请求法院(请勾选所有适用选项):

□ order an increase in child support. 命令增加儿童抚养费

□ order a decrease in child support. 命令减少儿童抚养费。

□ order child support to be paid (*check one*): 命令支付儿童抚养费 (**请选择一项**):

□ by Earnings Withholding Order through the local support enforcement agency. 通过当地赡养费执行机构的收入扣缴令。

□ directly to the person who has custody. 直接支付给拥有监护权的人。

| 🗌 order | | to provide health insurance for the child(ren). |
|---------|------|---|
| | Name | • |
| 命令 | | 为该儿童提供医疗保险。 |

姓名

□ order any other appropriate relief. 下令提供任何其他合适的救济。

Case No. 案件编号 _____

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.

根据作伪证的处罚规定,我郑重声明,就我所知、所晓和所信,本文件内容属实。

| Date 日期 | Signature 签名 | 2 | |
|------------|------------------------------|--------------------------|--|
| | | Printed Name 打印姓名 | |
| | Street Address 街道地址 | | |
| | City, State, Zip 市、州、邮政编码 | | |
| | Telephone Nu 电话号码 | Telephone Number 电话号码 | |
| | E-mail 电子邮箱 | Fax 传真 | |