

Mark this box if this form contains Restricted Information.



CIRCUIT COURT FOR _____, **MARYLAND**
City/County

Located at _____ Case No. _____
Court Address

Plaintiff/Counter-Defendant _____ Defendant/Counter-Plaintiff _____

Street Address _____ VS. Street Address _____

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

**COUNTER-COMPLAINT FOR ABSOLUTE DIVORCE
 (Family Law § 7-103)**

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.

I, _____, state that:
Name

1. The plaintiff/counter-defendant and I were married on _____ in _____
Date of marriage
 _____, _____ in a civil religious ceremony.
City/County/State where married Country where married

2. **Check all that apply:**

- I have lived in Maryland since _____ .
Month/Year
- My spouse has lived in Maryland since _____ .
Month/Year
- The grounds, or legal reasons, for divorce occurred in Maryland.
 (for a list of grounds *see number 13 below*)
- The grounds for divorce occurred outside Maryland and either my spouse or I have been a resident of Maryland for at least six (6) months prior to the date this complaint was filed.

3. 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). Examples 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/Status/Date of Child Custody or Guardianship Determination</u>

Attach the most recent court order for these cases.

4. **Children (check one):**

- We have no children together (*skip to number 10*).
- My spouse and I are parents of the following child(ren).

Name	Age	Name	Age
Name	Age	Name	Age
Name	Age	Name	Age

5. I know of the following people, who are not parties to this case, who have physical custody of, or claim rights of legal custody, physical custody, or visitation (child access) with the minor child(ren).

Name	Current Address
Name	Current Address
Name	Current Address

6. The minor child(ren) currently live(s) at _____ with _____

 Name

7. 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) have lived in the following places with the following persons:

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

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

- joint primary physical custody (parenting time) of

Name(s) of child(ren)

- joint sole legal custody (decision-making authority) of

Name(s) of child(ren)

- visitation (child access or parenting time) with

Name(s) of child(ren)

My spouse and I (*check 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).

9. Child Support (check one):

- I am asking for child support and/or health insurance for the minor child(ren).

If you and your spouse’s 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).

- Child support has been established:

- in a separate court case, Case No. _____ in _____ County and State. Attach a copy of the most recent order if available.
- in the Office of Child Support, Case No. _____.

- I am not asking for child support and/or health insurance for the minor child(ren) at this time because _____

10. Alimony: I am am not seeking alimony because _____

Attach a Financial Statement (General) (Form CC-DR-031) if you want alimony.

11. Marital Property: (*You do not have to complete this section if you are not asking the court to make decisions about your property. However, if you do not complete this section, the court may be prevented from making decisions about certain property after a divorce has been granted.*)

My spouse and/or I have the following property that needs to be divided (*check all that apply*):

- House Furniture
- Pension(s)/Retirement account(s) Bank account(s) and investment(s)
- Motor vehicles
- Other: _____

- I am requesting to have use and possession of the home and/or family use personal property for the benefit of the minor child(ren) for up to three (3) years after the divorce.

- My spouse and I have already reached an agreement about our marital property AND alimony.
Attach a copy of your signed written agreement.

- My spouse and I have no marital property that needs to be decided by the court.

12. I am requesting to be restored to my former name _____
Full former name

(If you do not request your former name at this time, you may do so later by filing a motion within 18 months after the judgment of absolute divorce was entered.)

13. My grounds (legal reasons) for absolute divorce are (*you may check more than one*):

Mutual Consent – My spouse and I have signed a written settlement agreement that resolves issues relating to alimony, the distribution of property, and the care, custody, access, and support of minor or dependent children. Neither of us has taken any action to set aside the agreement.

Attach a copy of your written and signed agreement. If your agreement provides for the payment of child support, you must attach a copy of the completed Child Support Guidelines Worksheet (Form CC-DR-034 for primary physical custody or CC-DR-035 for shared physical custody).

12-Month Separation – From on or about _____, my spouse and I have lived
Month/Date/Year
apart in separate residences, without interruption or sexual intercourse for 12 months or more **before** the date of filing of this complaint.

Adultery – My spouse committed adultery.

Actual Desertion – On or about _____, my spouse deliberately, without just
Month/Date/Year
cause or reason, abandoned and deserted me, with the intention of ending our marriage. This desertion has continued without interruption for 12 months or more **before** the date of filing of this complaint and there is no reasonable expectation we will reconcile (get back together).

Constructive Desertion – On or about _____, I left my spouse because his/her
Month/Date/Year
persistent conduct or cruel and vicious treatment towards me made continuing our marriage impossible in order to preserve my health, safety, or self-respect. This conduct was the final and deliberate act of my spouse and our separation has continued without interruption for 12 months or more **before** the date of filing of this complaint, and there is no reasonable expectation we will reconcile (get back together).

Criminal Conviction or a Felony or Misdemeanor – On or about _____, my
Month/Date/Year
spouse was sentenced to serve at least three (3) years or an indeterminate sentence in a penal institution and has served 12 or more months of the sentence **before** the date of filing of this complaint.

Cruelty/Excessively Vicious Conduct Against Me and/or my Minor Children – My spouse's cruel and excessively vicious conduct toward me and/or my minor child(ren) has made continuing the marriage impossible, and there is no reasonable expectation that we will reconcile (get back together).

Insanity – On or about _____, my spouse was confined to a mental institution,
Month/Date/Year
hospital, or other similar institution, and has been confined for at least three (3) years **before** the date this complaint was filed. Two (2) medical professionals competent in psychiatry will testify that the insanity is incurable and there is no hope of recovery. My spouse or I have lived in Maryland for at least two (2) years before the filing of this complaint.

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

- An Absolute Divorce.
- A change back to my former name, _____
Full former name
- Joint primary physical custody (parenting time) of the minor child(ren).
- Joint sole legal custody (decision-making authority) of the minor child(ren).
- Visitation (child access or parenting time) with the minor child(ren).
- Child support (**attach Form CC-DR-030 or CC-DR-031**).
- Health insurance for the child(ren).
- Alimony (**attach Form CC-DR-031**).

Property (*check all that apply*): (*The following requests require a Joint Statement (Form CC-DR-033) be filed at least 10 days before the trial date.*)

- To live in the family home for up to three (3) years from the date of the absolute divorce for the benefit of the minor child(ren).
- To have and use the family use personal property for up to three (3) years from the date of the absolute divorce for the benefit of the minor child(ren).
- My share of the property or its value.
- Transfer of family use personal property.
- Transfer of the real property jointly owned by the parties located at

_____ Address
 from _____ to _____
 Name Name
 Authorize _____ to purchase from
 Name Name
 _____ an interest in real property located at
 Name

- A monetary award (money) based on marital property.
- Incorporate, but not merge, our written agreement into the judgment of absolute divorce.
- 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 of Plaintiff/Attorney Attorney Number

_____ Printed Name

_____ Address

_____ City, State, Zip

_____ Telephone Number

_____ E-mail Fax

Case No. _____

CERTIFICATE OF SERVICE

I certify that on _____ a copy of this counter-complaint and any attached documents,
Date
were mailed, postage prepaid, OR hand delivered to:

Name

Address

City, State, Zip

Attorney's Name (if applicable)

Address

City, State, Zip

Date

Signature of Party Serving