



CIRCUIT COURT FOR _____, MARYLAND

City/County

Located at _____ Case No. _____

Counter-Plaintiff 1

vs. Defendant 1

Street Address

Street Address

City, State, Zip Telephone

City, State, Zip Telephone

Counter-Plaintiff 2

Defendant 2

Street Address

Street Address

City, State, Zip Telephone

City, State, Zip Telephone

COUNTER-COMPLAINT FOR [] CUSTODY [] CHILD SUPPORT (Md. Code, Family Law Art., §§ 1-201 and 5-203, Md. Rule 2-331)

NOTE: Use this form when a complaint or petition has already been filed against you. If you sign and mail a copy of this form to all other parties, that constitutes service.

I/We, _____, state that: Your name(s)

1. I am/We are filing a counter-complaint to _____ filed against me/us. Name of complaint or petition you are countering

2. I am/We are the [] mother [] father [] _____ of the following minor child(ren): Relationship (for example, aunt, grandfather, guardian)

Table with 2 columns: Name(s), Date(s) of birth

3. The child(ren) live(s) at _____ with _____ Address

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 person(s):

<u>Time Period</u>	<u>City and State</u>	<u>Name(s) and Current Address 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 child(ren) that I/we have (*check all that apply*):

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: _____

visitation with _____

Name(s) of child(ren)

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).

8. The plaintiff/counter-defendant is the mother father _____
of the minor child(ren) and (*check all that apply*):

Relationship (for example, aunt,
grandparent, guardian)

is not making child support payments.

is not making regular child support payments.

is not making child support payments in an amount required by the Maryland Child Support Guidelines.

is making child support payments, but I/we need an Earnings Withholding Order.

FOR THESE REASONS, I/we want the court to *(check all that apply and attach forms indicated)*:

- Grant me/us joint primary physical custody (parenting time) of the child(ren).
- Grant me/us joint sole legal custody (decision-making authority) of the child(ren).
- Allow _____ to visit with the child(ren).
Name(s)
- Allow _____ to visit with the child(ren) on
Name(s)
the following terms *(for example, how often, on what holidays, location of visits)*:

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

- Allow no visitation because: _____

.....
.....

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

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

If parents' combined gross monthly income (not take home pay) is \$15,000 or less, attach Financial Statement (Child Support Guidelines) (CC-DR-030); ~~or~~ 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

CERTIFICATE OF SERVICE

I/WE CERTIFY that on this _____ day of _____, _____, a copy of this
Month Year
counter-complaint and a copy of the forms listed above, were mailed, postage prepaid, to:

Opposing party 1 or their attorney

Opposing party's or their attorney's address including city/state/zip

Date

Signature

Opposing party 2 or their attorney

Opposing party's or their attorney's address including city/state/zip

Date

Signature