

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 VISITATION (CHILD ACCESS)
(Md. Code, Family Law Art., §§ 1-201, 9-102)

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 you do NOT have a court order granting you visitation (child access) with the child(ren) and you are seeking visitation only (not custody). 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. The child(ren) live(s) at _____
Address
with _____
Name of person(s)

Case No. _____

3. Complete this section if you are not the biological or adoptive parent(s) of the child(ren).
If you believe you may be a de facto parent, claiming that a biological or adoptive parent is unfit, or that exceptional circumstances exist to support your request for visitation, speak to a lawyer before filing this complaint. These are difficult legal standards to prove. To speak with a free lawyer, contact Maryland Courts Self-Help Center at 410-260-1392 or visit www.mdcourts.gov/selfhelp/mcshc.

I/We claim to be *de facto* parent(s) of the child(ren) (select one): Yes No
You may be a de facto parent if 1) the biological or adoptive parent(s) approved of and fostered a parent-child relationship between you and the child(ren), 2) you lived with the child(ren), 3) you assumed responsibility for the child(ren)'s well-being without expecting to be paid, and 4) you developed a long-lasting, bonded, and dependent parental relationship with the child(ren).

If yes, explain: _____

If no and you are claiming that one or both biological or adoptive parent(s) is/are unfit or that exceptional circumstances exist to support your request for visitation, explain:

4. 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.*

Court	Case No.	Kind of Case	Year Filed	<u>Result or Status</u> (if you know)

Attach the most recent court order for these cases.

Case No. _____

5. 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, physical custody, or visitation (child access) with the minor child(ren):

<u>Name</u>	<u>Current Address</u>

6. It is in the best interest of the child(ren) to visit with me/us because: _____

FOR THESE REASONS, I/we request the court grant me/us reasonable visitation (child access) as follows (for example how often, on what holidays, or location of):

_____ and 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

Telephone Number

Printed Name

E-mail

Street Address

Fax

City, State, Zip

Date

Signature 2

Telephone Number

Printed Name

E-mail

Street Address

Fax

City, State, Zip