

Mark this box if this form contains Restricted Information.



**CIRCUIT COURT FOR** \_\_\_\_\_, **MARYLAND**

City/County

Located at \_\_\_\_\_ Telephone \_\_\_\_\_

Case No. \_\_\_\_\_

Plaintiff/Counter-Defendant 1

vs. Defendant/Counter-Plaintiff 1

Street Address

Street Address

City, State, Zip Telephone

City, State, Zip Telephone

E-mail

E-mail

Plaintiff/Counter-Defendant 2

Defendant/Counter-Plaintiff 2

Street Address

Street Address

City, State, Zip Telephone

City, State, Zip Telephone

E-mail

E-mail

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

**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 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. Visit [mdcourts.gov/custody](http://mdcourts.gov/custody) and [mdcourts.gov/parentingplans](http://mdcourts.gov/parentingplans).

I/We, \_\_\_\_\_, state that:

Your name(s)

1. I am/We are filing a counter-claim 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)

<u>Name(s)</u>	<u>Date(s) of birth</u>

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

\_\_\_\_\_  
Name of person(s) and relationship to child(ren)

Case No. \_\_\_\_\_

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>

Case No. \_\_\_\_\_

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) or visit [mdcourts.gov/parentingplans](http://mdcourts.gov/parentingplans).***

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.

Case No. \_\_\_\_\_

**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 (before taxes/not take home pay) is \$30,000 or less, attach Financial Statement (Child Support Guidelines) (CC-DR-030); if combined gross monthly income is more than \$30,000, attach Financial Statement (General)(CC-DR-031).***

(*state other requests relating to the child(ren)*): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

order any other appropriate relief.

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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 \_\_\_\_\_

\_\_\_\_\_ Street Address \_\_\_\_\_

\_\_\_\_\_ City, State, Zip \_\_\_\_\_

\_\_\_\_\_ Telephone Number \_\_\_\_\_

\_\_\_\_\_ E-mail \_\_\_\_\_ Fax \_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_ Signature 2 \_\_\_\_\_

\_\_\_\_\_ Printed Name \_\_\_\_\_

\_\_\_\_\_ Street Address \_\_\_\_\_

\_\_\_\_\_ City, State, Zip \_\_\_\_\_

\_\_\_\_\_ Telephone Number \_\_\_\_\_

\_\_\_\_\_ E-mail \_\_\_\_\_ Fax \_\_\_\_\_

**CERTIFICATE OF SERVICE**

I/WE CERTIFY that on \_\_\_\_\_, a copy of this counter-claim and a copy of the forms listed above, were mailed, postage prepaid, to:

\_\_\_\_\_ Opposing party 1 or their attorney \_\_\_\_\_ Attorney Number \_\_\_\_\_

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

\_\_\_\_\_ Date \_\_\_\_\_ Signature \_\_\_\_\_

\_\_\_\_\_ Opposing party 2 or their attorney \_\_\_\_\_ Attorney Number \_\_\_\_\_

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

\_\_\_\_\_ Date \_\_\_\_\_ Signature \_\_\_\_\_