

Mark this box if this form contains Restricted Information.



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

City/County

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

Court Address

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

Plaintiff \_\_\_\_\_ vs. Defendant \_\_\_\_\_

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

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

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

**PETITION TO MODIFY CHILD SUPPORT  
(Family Law Art., Title 12)**

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 at the top of this form.

NOTE: Complete and attach a financial form to this document. If parents' combined gross monthly income (not take home pay) is \$30,000 or less, attach Financial Statement (Child Support Guidelines) (CC-DR-030); if the combined gross monthly income is more than \$30,000, attach Financial Statement (General) (CC-DR-031).

My name is \_\_\_\_\_ and I state that:

Name

- 1. I am the  mother  father  \_\_\_\_\_ Relationship (for example, aunt, grandfather, guardian) of the following child(ren) or adult disabled child(ren), including children who are under age 19, and are enrolled in secondary school:

Name(s)	Date(s) of birth

- 2. On \_\_\_\_\_, the Circuit Court for \_\_\_\_\_ issued an order in case number \_\_\_\_\_, ordering \_\_\_\_\_ to pay \$ \_\_\_\_\_  weekly,  biweekly, or  monthly toward the support of the child(ren).
- 3. Since the most recent order, circumstances have changed (check all that apply):  
 Expenses for the child(ren) have substantially increased (explain):

Expenses for the child(ren) have substantially decreased (*explain*):  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ 's income has substantially increased (*explain*):  
Name  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ 's income has substantially decreased (*explain*):  
Name  
\_\_\_\_\_  
\_\_\_\_\_

- The child(ren) is/are no longer entitled to receive child support because the child(ren) (*check all that apply*):
  - has/have reached the age of 18 and is/are no longer in high school.
  - has/have reached the age of 19.
  - is/are married.
  - is/are emancipated.
  - has/have died.
- Other changes have occurred (*explain*): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

- order an increase in child support.
- order a decrease in child support.
- order child support to be paid (*check one*):
  - by Earnings Withholding Order through the local support enforcement agency.
  - directly to the person who has custody.
- order \_\_\_\_\_ to provide health insurance for the child(ren).  
Name
- order 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

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

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

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

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

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

\_\_\_\_\_  
Fax