

☐ Mark this box if this form contains Restricted Information.



CIRCUIT COURT FOR _____, **MARYLAND**

City/County

Located at

Court Address

Telephone

Case No.

vs.

Plaintiff 1

Defendant 1

Street Address

Street Address

City, State, Zip

Telephone

City, State, Zip

Telephone

E-mail

E-mail

Plaintiff 2

Defendant 2

Street Address

Street Address

City, State, Zip

Telephone

City, State, Zip

Telephone

E-mail

E-mail

REQUEST TO REGISTER AN OUT-OF-STATE CHILD CUSTODY ORDER
(Md. Code, Family Law Art., § 9.5-305)

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 want to register an out-of-state custody order in Maryland. Attach two (2) copies of your out-of-state order, including one (1) certified copy.

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. On _____ the _____
Date of out-of-state court order Name of out-of-state court
in _____ issued an order in case number _____
State Case no. of original case
regarding the legal custody (decision-making authority), physical custody (parenting time), or
visitation (child access) of a child(ren).

Case No. _____

3. That court also awarded custody and/or visitation (child access) of the minor child(ren) to the following persons:

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

4. To the best of my/our knowledge and belief the order has not been modified.

FOR THESE REASONS, I/we ask the court to register in Maryland the child custody order.

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