

Mark this box if this form contains Restricted Information.



CIRCUIT COURT FOR _____, MARYLAND

City/County

Located at _____ Telephone _____

Court Address

Case No. _____

VS.

Plaintiff/Counter-Defendant _____

Defendant/Counter-Plaintiff _____

Street Address _____

Street Address _____

City, State, Zip _____ Telephone _____

City, State, Zip _____ Telephone _____

E-mail _____

E-mail _____

COUNTER-CLAIM FOR ABSOLUTE DIVORCE (Family Law § 7-103)

MDEC counties only: 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 to initiate a counter-claim to an absolute divorce case. Mark the “Restricted Information” box at the top of this or any other form you file that includes financial or other confidential information such as part of a social security or federal tax identification number. Only list the last four digits of account/ID numbers. Visit mdcourts.gov/divorce.

I, _____, state that:

Name

1. The plaintiff/counter-defendant and I were married on _____ in

Date of marriage

_____, _____

City/County/State where married

Country where married

in a civil religious ceremony.

2. Check all that apply:

I have lived in Maryland since _____ .

Month/Year

My spouse has lived in Maryland since _____ .

Month/Year

The grounds, or legal reasons, for divorce occurred in Maryland.
(for a list of grounds *see number 13 below*)

The grounds for divorce occurred outside Maryland, and either my spouse or I have been a resident of Maryland for at least six (6) months prior to the date this counter-claim was filed.

3. I know of the following cases, or I have been involved (as a party, witness, etc.) in the following Cases about me, my spouse, or the child(ren). Examples include cases such as custody, child support, guardianship, protective order (domestic violence), paternity, divorce, visitation (child access), CINA, delinquency, termination of parental rights, adoption, or other cases:

Case No. _____

<u>Court</u>	<u>Case No.</u>	<u>Kind of Case</u>	<u>Year Filed</u>	<u>Result/Status/Date of Most Recent Order</u>

Attach the most recent court order for these cases.

4. Children (check one):

- We have no children together (*skip to number 10*).
- My spouse and I are parents of the following child(ren):

_____	_____	_____	_____
Name	Year of birth	Name	Year of birth
_____	_____	_____	_____
Name	Year of birth	Name	Year of birth
_____	_____	_____	_____
Name	Year of birth	Name	Year of birth

5. I know of the following people, who are not parties to this case, but have or claim to have rights to physical or legal custody, visitation (child access), or guardianship of the minor child(ren):

_____	_____
Name	Current Address
_____	_____
Name	Current Address
_____	_____
Name	Current Address

6. The minor child(ren) currently live(s) at _____ with _____

7. 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 persons:

<u>Time Period</u>	<u>Address</u>	<u>Name(s) and Current Address of Person(s) with whom Minor Child(ren) Lived</u>

8. **Parenting Plan (Custody and Visitation Agreement) (check one):**

- My spouse and I have agreed on a parenting plan(s) that we believe is/are in the best interest of the minor child(ren). **Attach your signed and dated parenting plan agreement.**
- My spouse and I 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.

It is in the best interest of the minor child(ren) that I have **(check one selection from each line):**

joint primary physical custody (parenting time) of

Name(s) of child(ren)
 joint sole legal custody (decision-making authority) of

Name(s) of child(ren)
 visitation (child access or parenting time) with

Name(s) of child(ren)

9. **Child Support (check one):**

- I am asking for child support and/or health insurance for the minor child(ren).
If you and your spouse’s 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 the combined gross monthly income is more than \$30,000, attach Financial Statement (General) (CC-DR-031).

Child support has been established:

in a separate court case, Case No. _____ in _____
County and State

Attach a copy of the most recent order if available.

- I am not asking for child support and/or health insurance for the minor child(ren) at this time, because

10. **Alimony (select one):**

- My spouse and I have a signed and dated written agreement that covers alimony.

Attach a copy of the agreement.

It can, but does not have to, include an agreement about marital property.

- I am am not seeking alimony, because

If you want the court to establish alimony attach a Financial Statement (General) (Form CC-DR-031) if you want alimony. You do not need to attach a financial statement if you and your spouse have a written agreement that covers alimony.

11. Marital Property:

- My spouse and I have a signed and dated written agreement about how we will divide marital property.

Attach a copy of the agreement.

It can, but does not have to, include an agreement about alimony.

- My spouse and/or I have the following property that needs to be divided by the court *(check all that apply)*:

- | | |
|--|--|
| <input type="checkbox"/> House | <input type="checkbox"/> Furniture |
| <input type="checkbox"/> Pension(s)/Retirement account(s)* | <input type="checkbox"/> Bank account(s) and investment(s) |
| <input type="checkbox"/> Motor vehicles | |
| <input type="checkbox"/> Other: _____ | |

***NOTES:**

- If you have or your spouse has a retirement or pension plan, talk to a lawyer. You may need a “domestic relations order” to transfer the marital portion of benefits from one spouse to the other. These orders are sometimes called qualified domestic relations orders (QDROs), Court Orders Acceptable for Processing (COAP), or qualifying retirement benefit court orders. If you and your spouse agree on how to divide the benefits, you can draft and file an order for the court to approve. Each plan has specific requirements that must be met for the order to be valid and accepted. A lawyer can advise you based on the plan.
- Social Security benefits cannot be divided in a divorce. Contact the Social Security Administration or a lawyer for more information.

- I am requesting to have use and possession of the home and/or family use personal property for the benefit of the minor child(ren) for up to three (3) years from the date of the divorce.
- My spouse and I have no marital property that needs to be decided by the court.

12. I am requesting to be restored to my former name _____ .
Full former name

(If you do not request your former name at this time, you may do so later by filing a motion within 18 months after the judgment of absolute divorce was entered.)

13. My grounds (legal reasons) for absolute divorce are *(you may check more than one)*:

- Mutual Consent** – My spouse and I have signed a written settlement agreement that resolves issues relating to alimony, the distribution of property (real and personal); and the care, custody (child access/visitation), and support of minor or dependent children. Neither of us has taken any action to set aside (invalidate) the agreement.

Attach a copy of your written, signed, and dated agreement (Form CC-DR-116, Marital Settlement Agreement).

If your agreement provides for the payment of child support, you must attach a copy of the completed Child Support Guidelines Worksheet (Form CC-DR-034 for primary physical custody or CC-DR-035 for shared physical custody).

- Six (6)-Month Separation** – From on or about _____, my spouse and I have lived separate and apart, without interruption for six (6) months or more **before** the date of filing of this counter-claim.

Month/Date/Year

Spouses who live under the same roof but pursue separate lives or who are separated in accordance with a court order are considered to live “separate and apart.”

- Irreconcilable Differences** – Our marriage should be terminated for the following reasons that cannot be resolved:

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

- an Absolute Divorce.
- a change back to my former name, _____ .

Full former name
- joint primary physical custody (parenting time) of the minor child(ren).
- joint sole legal custody (decision-making authority) of the minor child(ren).
- visitation (child access or parenting time) with the minor child(ren).
- child support (**attach Form CC-DR-030 or CC-DR-031**).
- health insurance for the child(ren).
- alimony (**attach Form CC-DR-031**).

Property (*check all that apply*): *(The following requests require a Joint Statement (Form CC-DR-033) to be filed at least ten (10) days before the trial date if you and your spouse are not able to reach a written agreement that resolves all property issues.)*

- To live in the family home for up to three (3) years from the date of the absolute divorce for the benefit of the minor child(ren).
- To have and use the family use personal property for up to three (3) years from the date of the absolute divorce for the benefit of the minor child(ren).
- My share of the property or its value.
- Transfer of family use personal property.
- Transfer of the marital share(s) of pension and/or retirement benefits and authority to draft and submit for court approval a domestic relations order to accomplish the transfer.
- Transfer of the real property jointly owned by the parties located at

_____ Address _____

from _____ to _____

- Authorize _____ Name _____ to purchase from _____ Name _____ an interest in real property located at _____ Address _____

Case No. _____

- A monetary award (money) based on marital property.
- Incorporate, but not merge, our written agreement into the judgment of absolute divorce.
- 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 of Plaintiff/Attorney/Attorney Code Attorney Number

Printed Name

Address

Telephone Number

Fax

E-mail

CERTIFICATE OF SERVICE

I certify that on _____ Date a copy of this counter-claim and any attached documents, were mailed, postage prepaid, OR hand-delivered to:

Name

Address

City, State, Zip

Attorney's Name (if applicable)

Address

City, State, Zip

Date

Signature of Party Serving