

Mark this box if this form contains Restricted Information.



CIRCUIT COURT FOR _____, **MARYLAND**
City/County

Located at _____ **Case No.** _____

Plaintiff/Counter-Defendant 1

vs. Defendant/Counter-Plaintiff 1

Street Address

Street Address

City, State, Zip Telephone

City, State, Zip Telephone

Plaintiff/Counter-Defendant 2

Defendant/Counter-Plaintiff 2

Street Address

Street Address

City, State, Zip Telephone

City, State, Zip Telephone

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

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 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.

I/We, _____, state that:
Your name(s)

- I am/We are filing a counter-complaint to _____ filed against me/us.
Name of complaint or petition you are countering
- 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>

- 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).

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 (not take home pay) is \$15,000 or less, attach Financial Statement (Child Support Guidelines) (CC-DR-030); if combined gross monthly income is more than \$15,000, attach Financial Statement (General)(CC-DR-031).

(State other requests relating to the child(ren)): _____

Order any other appropriate relief.

Case No. _____

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

	Address

	City, State, Zip

	Telephone Number

	E-mail
	Fax

_____	_____
Date	Signature 2

	Printed Name

	Address

	City, State, Zip

	Telephone Number

	E-mail
	Fax

CERTIFICATE OF SERVICE

I/WE CERTIFY that on _____, a copy of this counter-complaint 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