

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 LIMITED DIVORCE (Family Law § 7-102)

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 respond to a limited 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 12 below*).
- The grounds for divorce occurred outside Maryland and either my spouse or I have lived in 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, domestic violence/protective order, 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 Child Custody or Guardianship Determination</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 the parents of the following child(ren).

Name	Age	Name	Age
Name	Age	Name	Age
Name	Age	Name	Age

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

Name	Current address
Name	Current address
Name	Current address

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

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 (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 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 of child(ren)

joint sole legal custody (decision-making authority) of

_____ .
Name of child(ren)

visitation (child access or parenting time) with

_____ .
Name 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

_____ . **Attach a copy of the most recent order if available.**
County and State

in the Office of Child Support in _____, Case No. _____ .
County, State

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

10. **Alimony:** I am am not seeking alimony because

Attach a General Financial Statement (Form CC-DR-031) if you want Alimony.

11. Marital Property:

My spouse and/or I have the following property (*check all that apply*):

- House
- Furniture
- Bank account(s) and investment(s)
- Family Use Personal Property
- Motor vehicle(s)
- Other: _____

12. My grounds (legal reasons) for a limited divorce are (*you may check more than one*):

- Cruelty Against Me and/or my Minor Child(ren)** - My spouse has persistently treated me and/or my minor child(ren) cruelly rendering continuation of the marital relationship impossible if I am to preserve my health, safety, and self-respect.
- Excessively Vicious Conduct Against Me and/or my Minor Child(ren)** – My spouse has engaged in excessively vicious conduct toward me and/or my minor child(ren) rendering continuation of the marital relationship impossible if I am to preserve my health, safety, and self-respect.
- Actual Desertion** - On or about _____
Month/Date/Year, my spouse, without just cause or reason, abandoned and deserted me, with the intention of ending our marriage. This abandonment has continued without interruption up to and including the time of filing of this counter-claim.
- Constructive Desertion** - My spouse’s actions have terminated the spousal relationship and made it impossible for me to continue the marriage and preserve my health, safety, or self-respect, and since these actions occurred, I have not had sexual intercourse with my spouse.
- Separation** - From on or about _____
Month/Date/Year, my spouse and I have lived apart in separate residences, without interruption, without sexual intercourse, with the express intent of ending our marriage.

Case No. _____

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

- a Limited Divorce.
- 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).
- health insurance for me.
- to live in the family home for up to three (3) years from the date of the limited 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 limited divorce for the benefit of the minor child(ren).
- alimony (**attach Form CC-DR-031**).
- resolution of personal property issues.
- 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 Number
	Printed Name	
	Address	
	City, State, Zip	
	Telephone Number	
	E-mail	Fax

CERTIFICATE OF SERVICE

I certify that on _____, a copy of this counter-claim and any attached documents
Date
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