

IN THE CIRCUIT COURT FOR \_\_\_\_\_  
(City or County)

**CIVIL - DOMESTIC CASE INFORMATION REPORT**

**DIRECTIONS**

**Plaintiff:** This Information Report must be completed and attached to the complaint filed with the Clerk of Court unless your case is exempted from the requirement by the Chief Judge of the Court of Appeals pursuant to Rule 2-111(a).

**Defendant:** You must file an Information Report as required by Rule 2-323(h).

**THIS INFORMATION REPORT CANNOT BE ACCEPTED AS A PLEADING**

**FORM FILED BY:**  PLAINTIFF  DEFENDANT CASE NUMBER \_\_\_\_\_  
(Clerk to insert)

**CASE NAME:** \_\_\_\_\_ vs. \_\_\_\_\_  
Plaintiff Defendant

**PARTY'S NAME:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**PARTY'S ADDRESS:** \_\_\_\_\_

**PARTY'S E-MAIL:** \_\_\_\_\_

**If represented by an attorney:**

**PARTY'S ATTORNEY'S NAME:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**PARTY'S ATTORNEY'S ADDRESS:** \_\_\_\_\_

**PARTY'S ATTORNEY'S E-MAIL:** \_\_\_\_\_

I am not represented by an attorney

**RELATED CASE PENDING?**  Yes  No If yes, Case #(s), if known: \_\_\_\_\_

**PLEADING TYPE**

**New Case:**  Original

**Existing Case:**  Post-Judgment  Amendment

*If filing in an existing case, skip Case Category/ Subcategory section - go to Issues section.*

**SPECIAL REQUIREMENTS**

Spoken Language Interpreter - **Attach form CC-DC-041**

If you require an accommodation for a disability under the Americans with Disabilities Act - **Attach form CC-DC-049**

**ALTERNATIVE DISPUTE RESOLUTION INFORMATION**

Is this case appropriate for referral to an ADR process under Md. Rule 17-101? (Check all that apply)

A. Mediation  Yes  No C. Settlement Conference  Yes  No

B. Arbitration  Yes  No D. Neutral Evaluation  Yes  No

If no, explain why: \_\_\_\_\_

**IF NEW CASE: CASE CATEGORY/SUBCATEGORY (Check one box.)**

**Domestic Family**

- Alimony/Spousal Support
- Annulment
- Breach
- Child Support - Private
- Custody
- Divorce
- Emancipation
- Enforce Foreign Order
- Family Legal/Medical
- Paternity/Parentage
- Recognition as Legal Child
- Visitation

**Agency/IV-D**

- Child Support
- Paternity/Parentage
- UIFSA

**Adoption**

- Adoption - Independent
- Adoption - Private Agency

**Change of Name**

- Change of Name
- Adult
- Minor

**Independent Proceedings**

- Amend Birth Certificate
- Change of Sex
- Correct Death Certificate
- Declare Deceased
- Dispose Body
- Amend Marriage Certificate

**Guardianship**

- Guardianship of Adult Person and/or Property
- Guardianship of Minor Person and/or Property

**IF NEW OR EXISTING CASE: ISSUES (Check All that Apply)**

- |   |   |   |   |
|---|---|---|---|
| <input type="checkbox"/> Adoption                   | <input type="checkbox"/> Change of Name     | <input type="checkbox"/> Earnings Withholding | <input type="checkbox"/> Pension Distribution   |
| <input type="checkbox"/> Alimony/Spousal Support    | <input type="checkbox"/> Adult              | <input type="checkbox"/> Emancipation         | <input type="checkbox"/> Property Distribution  |
| <input type="checkbox"/> Permanent                  | <input type="checkbox"/> Minor              | <input type="checkbox"/> Enforcement          | <input type="checkbox"/> Protective Order       |
| <input type="checkbox"/> Rehabilitative             | <input type="checkbox"/> Change of Sex      | <input type="checkbox"/> Exceptions           | <input type="checkbox"/> Register Foreign Order |
| <input type="checkbox"/> Amend Birth Certificate    | <input type="checkbox"/> Child Support      | <input type="checkbox"/> Family Legal/Medical | <input type="checkbox"/> Restore Former Name    |
| <input type="checkbox"/> Amend Death Certificate    | <input type="checkbox"/> Contempt           | <input type="checkbox"/> Gdnshp of Adult      | <input type="checkbox"/> Termination of Gdnshp  |
| <input type="checkbox"/> Amend Marriage Certificate | <input type="checkbox"/> Court Costs/Fees   | <input type="checkbox"/> Person               | <input type="checkbox"/> Transaction Review     |
| <input type="checkbox"/> Annulment                  | <input type="checkbox"/> Custody            | <input type="checkbox"/> Property             | <input type="checkbox"/> Use and Possession     |
| <input type="checkbox"/> Asset Determination        | <input type="checkbox"/> Declare Deceased   | <input type="checkbox"/> Gdnshp of Minor      | <input type="checkbox"/> Visitation             |
| <input type="checkbox"/> Change of Name             | <input type="checkbox"/> Dispose Body       | <input type="checkbox"/> Person               |   |
| <input type="checkbox"/> Adult                      | <input type="checkbox"/> Divorce - Absolute | <input type="checkbox"/> Property             |   |
| <input type="checkbox"/> Minor                      | <input type="checkbox"/> Divorce - Limited  | <input type="checkbox"/> Paternity/Parentage  |   |

**ESTIMATED LENGTH OF HEARING**

*(Case will be tracked accordingly.)*

Time estimate for a Merits Hearing: \_\_\_\_\_ Hours \_\_\_\_\_ Days  
 Time estimate for hearing other than a Merits Hearing: \_\_\_\_\_ Hours \_\_\_\_\_ Days

**OTHER MATTERS**

- IS THIS CASE CONTESTED?  Yes  No If yes, which issues appear to be contested?
- Ground for divorce
  - Child Custody  Visitation
  - Child Support
  - Alimony  Permanent  Rehabilitative
  - Use and possession of family home and property
  - Marital property issues involving:
    - Valuation of business  Pensions  Bank accounts/IRA's  Real Property
    - Other: \_\_\_\_\_
  - Paternity
  - Adoption/termination of parental rights
  - Other: \_\_\_\_\_

Request is made for:  Initial Order  Modification  Contempt  
 Absolute Divorce  Limited Divorce

For non-custody/visitation issues, do you intend to request:  
 Court-appointed expert (name field) \_\_\_\_\_  Initial conference with the Court  
 Mediation by a Court-sponsored settlement program  Other: \_\_\_\_\_

For custody/visitation issues, do you intend to request:  
 Mediation by a private mediator  Appointment of counsel to represent child  
 Evaluation by mental health professional (not just to waive psychiatric privilege)  
 Other Evaluation \_\_\_\_\_  A conference with the Court

Is there an allegation of physical or sexual abuse of party or child?  Yes  No

\_\_\_\_\_ Date

\_\_\_\_\_ Signature of Counsel / Party

\_\_\_\_\_ Address

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

\_\_\_\_\_ City State Zip Code