

Circuit Court for _____ Case No. _____
City or County

Name _____ Name _____
Street Address _____ Apt. # _____ vs. Street Address _____ Apt. # _____
City _____ State _____ Zip Code _____ Area Code _____ Telephone _____ City _____ State _____ Zip Code _____ Area Code _____ Telephone _____
Plaintiff *Defendant*

COMPLAINT FOR CHILD SUPPORT
(Dom.Rel. 1)

I, _____, representing myself, state that:
My name

1. I am the mother/father or _____
Circle One Relationship (for example, aunt, grandfather, guardian, etc.)

of the following minor child(ren) or adult disabled child(ren):

_____	_____	_____	_____
Name	Date of Birth	Name	Date of Birth
_____	_____	_____	_____
Name	Date of Birth	Name	Date of Birth
_____	_____	_____	_____
Name	Date of Birth	Name	Date of Birth

2. The child(ren) live(s) at _____
Address

with _____.
Name

3. _____ is the mother/father of the child(ren) and (check all
The Opposing Party Circle One

that apply):

- 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.

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

- Order _____ to pay child support in an amount required by
Name the Maryland Child Support Guidelines.
- Order child support to be paid by earnings withholding order (check one)
 - Through the local support enforcement agency.
 - Directly to me.
- Order _____ to provide health insurance for the child(ren).
Name
- Order any other appropriate relief.

_____ Date _____ Name _____
IMPORTANT: YOU MUST COMPLETE AND FILE A FINANCIAL STATEMENT WITH THIS FORM
(Use Form Dom.Rel. 30 or Dom.Rel. 31)