☐ **Mark this box if this form contains Restricted Information.**

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

Located at _____ Telephone _____

Case No. _____

| | | |
|---|---|---|
| Plaintiff/Counter-Defendant 1 | vs. | Defendant/Counter-Plaintiff 1 |
| Street Address | | Street Address |
| City, State, Zip / Telephone | | City, State, Zip / Telephone |
| E-mail | | E-mail |
| Plaintiff/Counter-Defendant 2 | | Defendant/Counter-Plaintiff 2 |
| Street Address | | Street Address |
| City, State, Zip / Telephone | | City, State, Zip / Telephone |
| E-mail | | E-mail |

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

**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. Visit mdcourts.gov/custody and mdcourts.gov/parentingplans.

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

1. I am/We are filing a counter-claim to _____ filed against me/us.
   Name of complaint or petition you are countering
2. I am/We are the ☐ mother ☐ father ☐ _____ of the following minor child(ren):
   Relationship (for example, aunt, grandfather, guardian)

| Name(s) | Date(s) of birth |
|---|---|
| | |
| | |
| | |
| | |
| | |
| | |

3. The child(ren) live(s) at _____ with
   Address
   _____.
   Name of person(s) and relationship to child(ren)

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):

| **Time Period** | **City and State** | **Name(s) and Current Address of Person(s) with whom Child(ren) Lived** |
|---|---|---|
| | | |
| | | |
| | | |
| | | |

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.*

| **Court** | **Case No.** | **Kind of Case** | **Year Filed** | **Result or Status (if you know)** |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

**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):

| **Name** | **Current Address** |
|---|---|
| | |
| | |
| | |
| | |

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).
**S*ee: Maryland Parenting Plan Instructions (CC-DRIN-109) and Maryland Parenting Plan Tool (CC-DR-109) or visit mdcourts.gov/parentingplans.***

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 (before taxes/not take home pay) is $30,000 or less, attach Financial Statement (Child Support Guidelines) (CC-DR-030); if combined gross monthly income is more than $30,000, 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

Street Address

City, State, Zip

Telephone Number

E-mail

Fax

Date

Signature 2

Printed Name

Street Address

City, State, Zip

Telephone Number

E-mail

Fax

## CERTIFICATE OF SERVICE

I/WE CERTIFY that on _____ (Date), a copy of this counter-claim 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



Reset