MARYLAI	Treast Court for	City or Co	ounty	Case No		
Name		VS	Name			
Street Ad	idress Apr	t # PO Box	Street Address			Apt # PO Box
City	() State Zip Code Area T Code	Selephone	City	State	Zip Code Area Code	) Telephone
	Plaintiff/Counter-Defendant		L	Defendant/Cou	nter-Plaintiff	
	er-Complaint to	aint, Petition, or M	fotion that you are	e countering	filed again	st me, state:
1.	I am the $\square$ mother/ $\square$ father or of the following minor child(ren):		Relationship (for e	example, aunt, grandfatl	her, guardian, etc.)	
	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	I know of the following related case	s concernin	g the child	ran) or parties	(such as dom	estic

2. I know of the following related cases concerning the child(ren) or parties (such as domestic violence, paternity, divorce, custody, visitation, termination of parental rights, adoption or other cases):

<u>Court</u>	<u>Case No.</u>	Kind of Case	<u>Year Filed</u>	<u>Results or Status (if you know)</u>

3. I have been a party, witness, or otherwise involved in the following cases about custody or visitation of the child(ren):

<u>State</u>	<u>Court</u>	<u>Case No.</u>	Date of Child Custody Determination

Attach the most recent court order for the above-referenced court cases.

4. I know of the following people, not parties to this case, who have physical custody of, or claim rights of legal custody or physical custody of, or visitation with the child(ren):

Name		Current Address
Name		Current Address
Name		Current Address
The child(ren)	are currently l	iving with:
years:	have lived in t	he following places, with the persons indicated during the last five
<u>Time Period</u>	<u>Place</u>	Name(s)/Current Address of Person(s) with whom Child Liv
		e child(ren) that I have (check all that apply):
		vsical custody of
and reasona	iole child suppo	
visitation w	vith	Name of Children
		lant is the mother/father of the child(ren) and ( <i>check all that apply</i> )
_		(Circle One)
	ting child support	ld support payments.
	ting child suppo	ort payments in an amount required by the Maryland Child Suppor
		payments, but I need an Earnings Withholding Order.
(In the space prequest for rel		e provide the Court with facts that prove your case and support you
1		

**FOR THESE REASONS**, I want the court to grant me (check all that apply and attach forms indicated):

	Allow		(ren) and reasonable child support.
٦	Allow	Name(s)	to visit with the child(ren) on the
-	following terms:	Name(s)	
ļ	Allow no visitation be	ecause:	
1	Order		to pay health insurance for child(ren
]			
]			
]	Order		to pay child support (attach Financi
]	Order	Name(s)	to pay child support (attach Financi
נו	Order Statement. Use Form	Name(s)	to pay child support (attach Financi n. Rel. 31).
]	Order Statement. Use Form	Name(s) n Dom. Rel. 30 or Don	
) )	Order Statement. Use Form	Name(s) n Dom. Rel. 30 or Don	to pay child support (attach Financi n. Rel. 31).
) )	Order Statement. Use Form	Name(s) n Dom. Rel. 30 or Don	to pay child support (attach Financi n. Rel. 31).

Date

Signature

## **CERTIFICATE OF SERVICE**

I HEREBY CERTIFY that on this \_\_\_\_\_ day of \_\_\_\_\_, a copy of this Counterclaim and a copy of the forms listed above, were mailed, postage prepaid, to:

Opposing Party or His/Her Attorney

Opposing Party's or His/Her Attorney's Address including City/State/Zip

Date

Signature