

**This form contains Restricted Information.**



**CIRCUIT COURT FOR** \_\_\_\_\_, **MARYLAND**  
City/County

Located at \_\_\_\_\_ Telephone \_\_\_\_\_  
Court Address Case No. \_\_\_\_\_

Plaintiff \_\_\_\_\_ vs. Defendant \_\_\_\_\_

Street Address \_\_\_\_\_ Street Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Telephone \_\_\_\_\_ City, State, Zip \_\_\_\_\_ Telephone \_\_\_\_\_

E-mail \_\_\_\_\_ E-mail \_\_\_\_\_

**PETITION TO MODIFY CHILD SUPPORT  
(Family Law Art., Title 12)**

**You must file a Notice Regarding Restricted Information Pursuant to Rule 20-201.1 (form MDJ-008) with this submission.**

**NOTE:** Complete and attach a financial form to this document. If parents' combined gross monthly income (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).

My name is \_\_\_\_\_ and I state that:  
Name

1. I am the  mother  father  \_\_\_\_\_  
Relationship (for example, aunt, grandfather, guardian)  
of the following child(ren) or adult disabled child(ren), including children who are under age 19, and are enrolled in secondary school:

Name(s)	Date(s) of birth

2. On \_\_\_\_\_, the Circuit Court for \_\_\_\_\_ issued an  
Date City/County  
order in case number \_\_\_\_\_, ordering \_\_\_\_\_  
Name  
to pay \$ \_\_\_\_\_  weekly,  biweekly, or  monthly toward the support of the  
Amount child(ren).

3. Since the most recent order, circumstances have changed (**check all that apply**):  
 Expenses for the child(ren) have substantially increased (**explain**):  
\_\_\_\_\_  
\_\_\_\_\_

Case No. \_\_\_\_\_

Expenses for the child(ren) have substantially decreased (*explain*):  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_'s income has substantially increased (*explain*):  
Name  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_'s income has substantially decreased (*explain*):  
Name  
\_\_\_\_\_  
\_\_\_\_\_

The child(ren) is/are no longer entitled to receive child support because the child(ren) (*check all that apply*):  
 has/have reached the age of 18 and is/are no longer in high school.  
 has/have reached the age of 19.  
 is/are married.  
 is/are emancipated.  
 has/have died.  
 Other changes have occurred (*explain*): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

- order an increase in child support.
- order a decrease in child support.
- order child support to be paid (*check one*):
  - by Earnings Withholding Order through the local support enforcement agency.
  - directly to the person who has custody.
- order \_\_\_\_\_ to provide health insurance for the child(ren).  
Name
- order 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

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

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
E-mail

\_\_\_\_\_  
Fax