

City/County

Court Address

VS.

Street Address

Telephone

Telephone

E-mail

---

Name

- ## CMPET

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

<u>Court</u>	<u>Case No.</u>	<u>Kind of Case</u>	<u>Year Filed</u>	<u>Result/Status/Date of Child Custody or Guardianship Determination</u>

**Attach the most recent court order for these cases.**

**4. Children (*check one*):**

☐ We have no children together (*skip to number 10*).

☐ My spouse and I are the parents of the following child(ren).

_____	_____	_____	_____
Name	Age	Name	Age
_____	_____	_____	_____
Name	Age	Name	Age
_____	_____	_____	_____
Name	Age	Name	Age

**5. I know of the following people, who are not parties to this case, who have physical custody of, or claim rights of legal custody, physical custody, or visitation/child access with the minor child(ren).**

_____	_____
Name	Current address
_____	_____
Name	Current address
_____	_____
Name	Current address

**6. The minor child(ren) currently live(s) at \_\_\_\_\_**  
**with \_\_\_\_\_.** Address \_\_\_\_\_  
 Name \_\_\_\_\_

**7. 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 persons:**

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<u>Time Period</u>	<u>Address</u>	<u>Name(s) and Current Address of Person(s) with whom Child(ren) Lived</u>

8. **Parenting Plan** (*check one*):

- ☐ My spouse and I 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.**

- ☐ My spouse and I have not agreed on a parenting plan(s).

**See: Maryland Parenting Plan Instructions (CC-DRIN-109) and Maryland Parenting Plan Tool (CC-DR-109) or visit [mdcourts.gov/parentingplans](http://mdcourts.gov/parentingplans).**

It is in the best interest of the minor child(ren) that I have (*check one selection from each line*):

- ☐ joint ☐ primary physical custody (parenting time) of

\_\_\_\_\_  
Name(s) of child(ren)

- ☐ joint ☐ sole legal custody (decision-making authority) of

\_\_\_\_\_  
Name(s) of child(ren)

- ☐ visitation (child access or parenting time) with

\_\_\_\_\_  
Name(s) of child(ren)

9. **Child support** (*check one*):

- ☐ I am asking for child support and/or health insurance for the minor child(ren).

**If you and your spouse's 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 the combined gross monthly income is more than \$30,000, attach Financial Statement (General) (CC-DR-031).**

- ☐ Child support has been established:

- ☐ in a separate court case, Case No. \_\_\_\_\_ in

\_\_\_\_\_. **Attach a copy of the most recent order if available.**  
County and State

- ☐ in the Office of Child Support in \_\_\_\_\_, Case No. \_\_\_\_\_  
County, State

- ☐ I am not asking for child support and/or health insurance for the child(ren) at this time because

\_\_\_\_\_  
\_\_\_\_\_

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

10. **Alimony:** I ☐ am ☐ am not seeking alimony because \_\_\_\_\_

**Attach a General Financial Statement (Form CC-DR-031) if you want Alimony.**

11. **Marital Property:**

My spouse and/or I have the following property (*check all that apply*):

- |  |   |
|--|---|
| <input type="checkbox"/> House                             | <input type="checkbox"/> Furniture                    |
| <input type="checkbox"/> Bank account(s) and investment(s) | <input type="checkbox"/> Family Use Personal Property |
| <input type="checkbox"/> Motor vehicle(s)                  |   |
| <input type="checkbox"/> Other: _____                      |   |

12. My grounds (legal reasons) for a limited divorce are (*you may check more than one*):

☐ **Cruelty Against Me and/or my Minor Child(ren)** - My spouse has persistently treated me and/or my minor child(ren) cruelly rendering continuation of the marital relationship impossible if I am to preserve my health, safety, and self-respect.

☐ **Excessively Vicious Conduct Against Me and/or my Minor Child(ren)** - My spouse has engaged in excessively vicious conduct toward me and/or my minor child(ren) rendering continuation of the marital relationship impossible if I am to preserve my health, safety, and self-respect.

☐ **Actual Desertion** - On or about \_\_\_\_\_, my spouse, without just cause or  
Month/Date/Year  
reason, abandoned and deserted me, with the intention of ending our marriage. This abandonment has continued without interruption up to and including the time of filing of this complaint.

☐ **Constructive Desertion** - My spouse's actions have terminated the spousal relationship and made it impossible for me to continue the marriage and preserve my health, safety, or self-respect, and since these actions occurred, I have not had sexual intercourse with my spouse.

☐ **Separation** - From on or about \_\_\_\_\_, my spouse and I have lived apart in  
Month/Date/Year  
separate residences, without interruption, without sexual intercourse, with the express intent of ending our marriage.

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

- ☒ a Limited Divorce.
- ☐ joint ☐ primary physical custody (parenting time) of the minor child(ren).
- ☐ joint ☐ sole legal custody (decision-making authority) of the minor child(ren).
- ☐ visitation (child access or parenting time) with the minor child(ren).
- ☐ child support (**attach Form CC-DR-030 or CC-DR-031**).
- ☐ health insurance for the child(ren).
- ☐ health insurance for me.
- ☐ to live in the family home for up to three (3) years from the date of the limited divorce for the benefit of the minor child(ren).
- ☐ to have and use the family use personal property for up to three (3) years from the date of the limited divorce for the benefit of the minor child(ren).
- ☐ alimony (**attach Form CC-DR-031**).
- ☐ resolution of personal property issues.
- ☒ 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 of Plaintiff/Attorney/Attorney Code      Attorney Number

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

\_\_\_\_\_  
Address

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

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

\_\_\_\_\_  
Email      Fax