Dear Child Su Customer:

A child rt case may be eligible for modification if the non custodial parent will be incarcerated m an 180 days.

In orde quest that your case be reviewed, you need to complete the attached Motion to Modify Chil port and Financial Statement and file the original of both forms with the Clerk of the Ci Court in the Court where your child support order was issued or last modified. Det nstructions for completing these forms are included.

In most lictions, there is a filing fee to reopen your case for modification. If you are unable to pay t ng fee, then you may also complete the attached Request for Waiver of Prepaid Costs e it with your other documents.

Federal lations indicate that a modification can be requested if the non-custodial parent will be erated for more than 180 days. The Judge or Magistrate is not obligated to modify your su order, but the length and circumstances of the incarceration will be taken into considerat hen the decision is made.

If you h ny questions, please contact the Child Support Administration at 1-800-332-6347.

Sincerely,

Maryland Child Support Administration

Maryland Circuit Court Mailing Addresses

Circuit Court llegany County
30 Washingt et
Cumberland, 1502

Circuit Court nne Arundel County
P.O. Box 71
8 Church Cir
Annapolis, 404-0071

Circuit Cour altimore County
County Cou lding
P. O. Box 67
Towson, M 5-6754

Circuit Cou altimore City
Clarence M. ell, Jr. Courthouse
100 N. Calv eet
Baltimore, 202

Circuit Cou Calvert County
175 Main S
Prince Fred MD 20678

Circuit Cou Caroline County
109 Market
Denton, M 9

Circuit Cou Carroll County
55 N. Cour t
Westminst 21157

Circuit Co Cecil County
129 E. Mai et
Elkton, M 1-5943

Circuit Co Charles County
200 Charle et
P.O. Box 9
La Plata, 646

Circuit Co Dorchester County
206 High
P.O. Box
Cambridg 21613

Circuit Co r Frederick County
100 West k Street
Frederick, 21701

Circuit Co r Garrett County
203 S. 4th t, Room 109
P.O. Box
Oakland, 1550

Circuit Court for Harford County
20 West Courtland Street
Bel Air, MD 21014

Circuit Court for Howard County
8360 Court Avenue
Ellicott City, MD 21043

Circuit Court for Kent County
103 N. Cross Street
Chestertown, MD 21620

Circuit Court for Montgomery County
50 Maryland Avenue
Rockville, MD 20850

Circuit Court for Price George's County
14735 Main Street
Upper Marlboro, MD 20772

Circuit Court for Queen Anne's County
100 Courthouse Square
Centreville, MD 21617

Circuit Court for Somerset County
30512 Prince William Street
Princess Anne, MD 21853

Circuit Court for St. Mary's County
41605 Courthouse Drive
Leonardtown, MD 20650

Circuit Court for Talbot County
11 North Washington Street
Suite 16
Easton, MD 21601

Circuit Court for Washington County
24 Summit Avenue
Hagerstown, MD 21740

Circuit Court for Wicomico County
P.O. Box 198
Salisbury, MD 21803-0198

Circuit Court for Worcester County
One West Market St., Room 104
Snow Hill, MD 21863

ΓITION/MOTION TO MODIFY CHILD SUPPORT
ISTRUCTIONS FOR COMPLETING CC-DR 6

If you h court order to pay or receive child support (for example, from a divorce or paternity de it may be possible to have the court modify the amount you are currently receiving o ıg. There are three ways you can do this: (1) obtain the service of an attorney to handle you (2) go to the child support enforcement office in your county; or (3) file the case yourse ısing the CC-DR forms.

Use thi **only** if there is an existing child support order **and you are NOT receiving public assi ; or welfare**. If you are receiving public assistance and are seeking an increase in child su you must contact the child support enforcement office in your county. As a recipient o cial assistance, you assigned to the State "all right, title and interest or support from any o erson," including child support owed you on behalf of a child for whom you are receiving p assistance. MD ANN. CODE art. 88A, §50(b)(2)(1998). The local support enforceme ce will pursue a modification of support, if appropriate, although those amounts will be ret y the State until you are no longer receiving financial assistance.

There steps you must follow in order to proceed with the case yourself:

> STEP 1 mpletion of Form CC-DR 6.

In o complete this form, you will need a copy of your existing child support order. If you do e a copy, ask the Clerk of Court how to get one.

Page in both the Plaintiff's and Defendant's names exactly as they appear on the existing o Then fill in ***current*** addresses and telephone numbers for both. Do not use this form unle can locate the other parent. If you do not know their whereabouts, it is recomme ou file with the assistance of your attorney or through the local child support enforcem ice.

m **1:** After filling in your name in the space provided, list your relationship (e.g., father or other) to the child(ren) for whom child support is ordered. Then, list the ch n)'s name(s) and date(s) of birth.

g **2:** Looking at the existing order, fill in the date, city or county the order was in, case number, name of person ordered to pay, amount ordered, and whether the p ts were to be made weekly, biweekly, or monthly.

n **3:** In order for the court to grant your petition to modify child support, there a substantial change in circumstances. This can occur from one or more of the s ns on the form. Check all that apply.

Page 2: the boxes on the top of the page:

(a) t, check whether you would like the court to order an increase or decrease in chil ort.

(b) xt, check whether you would prefer the employer to pay the person with cust rectly or through the local child support enforcement agency.

(c) ally, you may request that the court order the parent paying child support to incl e child on the parent's health insurance policy if: (1) the parent is covered by a hea urance policy; and (2) if the child can be included on the policy at a reasonable cos parent. To make this request, check the box and fill in the name of parent with the nce policy.

> STEP 2 ancial Statement for Child Support.

Use F R 30 or 31. If the combined adjusted actual monthly income is below or equal to $ .00, and there is no request for alimony or other support, use form DR 30. If the ned adjusted actual monthly income of both parents is above $10,000, or if alimony o support has been requested by either party, use form DR 31.

> STEP 3 ling Fee.

Paym a fee is normally required for filing these papers with the court. See ***General Instructi***

> STEP iling Your Forms.

Take mpleted documents to the Clerk of Court.

> STEP ervice.

You ed to have the other party properly served with a copy of <u>all</u> the papers you are filing A h a Writ of Summons which is provided by the Civil Clerk of this Court. See ***General ctions.***

> STEP Request for Hearing or Proceeding.

Wh ice has been made, file a Request for Hearing or Proceeding, CC-DR 59. The Petition n for Child Support Modification alone will not get you into court. You MUST file a R for a Hearing or Proceeding. See ***General Instructions.***

> STEP 7 - ıring.

The cou set a hearing date and notify you by mail when and where to appear. Examples c t you may want to bring to the hearing include: pay stubs, tax returns, or other proof of in or both sides; information concerning child related school costs, medical expenses, a rk-related child care expenses; or witnesses who can testify to the change in circumstan u are trying to prove.

> STEP 8 ild Support Guidelines Worksheet.

You m need to fill out the CHILD SUPPORT GUIDELINES WORKSHEET in order to show th that there has been a substantial change in circumstances. You will not need this works ıtil the hearing, but filling it out in advance will help you decide whether you have the " ıtial change in circumstances" needed for a change in your child support order.

Cir Court for _____ Case No. _____
City or County

_____ VS. _____
Name Name

_____ Apt # _____ Street Address Apt #
Street

( ) ( )
_____ _____
City State Zip Code Area Code Telephone City State Zip Code Area Code Telephone

Plaintiff ***Defendant***

MOTION TO MODIFY CHILD SUPPORT
(CC-DR 6)

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

1. e ☐ mother ☐ father or _____
Relationship (for example, aunt, grandfather, 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. _____ the Circuit Court for _____ issued an
Date City or County

in case number _____, ordering _____
Name

$_____ ☐weekly ☐biweekly ☐monthly toward the support of the child(ren).
Amount Check One

3. that Order, circumstances have changed *(check all that apply)*:

Expenses for the child(ren) have substantially increased *(Explain)*:

Expenses for the child(ren) have substantially decreased *(Explain)*:

Father's/☐ Mother's income has substantially increased *(Explain)*:

Father's/☐ Mother's income has substantially decreased *(Explain)*:

Child(ren) is no longer entitled to receive child support because: (Check all that apply)

- ☐ the child died;
- ☐ the child is married;
- ☐ the child is emancipated;
- ☐ the child has graduated from or is no longer in high school;
- ☐ the child has reached the age of 19.

☐ anges have occurred (Explain):_____

_____

_____

_____

_____

FO SE 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):
  - ☐ 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 s y affirm under the penalties of perjury that the contents of the foregoing paper are true to the be y knowledge, information, and belief.

_____ Date _____ Signature

CERTIFICATE OF SERVICE

I BY CERTIFY that on this _____ day of _____, _____, a c he foregoing Motion was mailed, postage prepaid, to _____
Opposing Party or His/Her Attorney

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

_____ Date _____ Signature

RTANT: YOU MUST COMPLETE A FINANCIAL STATEMENT WITH THIS FORM (Use Form DR 30 or DR 31)

Circuit Court for _____ Case No. _____
City or County

_____ VS. _____
Name Name

_____ _____
Addres Address

_____ _____
City, S City, State, Zip

_____ _____
Teleph Telephone

Plaintiff *Defendant*

FINANCIAL STATEMENT
(Child Support Guidelines)
Md. Rule 9-203(b)
(CC-DR-030)

I, _____, state that:
Name

n the _____ of the minor child(ren),
State Relationship (for example, mother, father, aunt, grandfather, guardian, etc.)

incl children who have not attained the age of 19 years old, are not married or self-supporting, and

are d in secondary school:

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

he following is a list of my income and expenses (see below*):
ee definitions on other side before filling out.

otal monthly income (before taxes) _____
hild support I am paying for my other child(ren) each month _____
limony I am paying each month to _____ _____
Name of Person(s)

limony I am receiving each month from _____ _____
Name of Person(s)

<u>or the child or children listed above:</u>
he monthly health insurance premium _____
Vork-related monthly child care expenses _____
xtraordinary monthly medical expenses _____
chool and transportation expenses _____

*To e monthly amount of expenses, weekly expenses should be multiplied by 4.3 and yearly expenses should be divided by 1 do not pay the same amount each month for any of the categories listed, figure what your average monthly expense is.

I sc affirm under the penalties of perjury that the contents of the foregoing paper are true to the bes knowledge, information, and belief.

_____ _____
Date Signature

Tota thly Income: Include income from all sources including self-employment, rent, royalties, busi come, salaries, wages, commissions, bonuses, dividends, pensions, interest, trusts, annuities, soci ity benefits, workers compensation, unemployment benefits, disability benefits, alimony or mai e received, tips, income from side jobs, severance pay, capital gains, gifts, prizes, lottery win tc. Do not report benefits from means-tested public assistance programs such as food stamps or A

Ext nary Medical Expenses: Uninsured expenses over $100 for a single illness or condition incl rthodontia, dental treatment, asthma treatment, physical therapy, treatment for any chronic heal lems, and professional counseling or psychiatric therapy for diagnosed mental disorders.

Chi e Expenses: Actual child care expenses incurred on behalf of a child due to employment or job of either parent with amount to be determined by actual experience or the level required to pro ality care from a licensed source.

Sch d Transportation Expenses: Any expenses for attending a special or private elementary or sec school to meet the particular needs of the child and expenses for transportation of the child bet e homes of the parents.

MARY

JUDIC

IN TH

☐ CIRCUIT COURT ☐ DISTRICT COURT OF MARYLAND FOR _____ City/County

Located at _____ Court Address Case No. _____

TER OF: _____ Petitioner/Plaintiff vs. _____ Respondent/Defendant

REQUEST FOR WAIVER OF PREPAID COSTS
(Md. Rule 1-325)

I _____ Name of Party, wish to file a complaint, petition, or other documents
whic e completed and attached. I am unable to prepay the prepaid costs in this matter because of
pove

Affic Income

I res y submit that:

1 e are _____ Number family members living in my household, including myself. (Do not include
r or temporary guests).

2 total gross household income (before taxes) is $_____ (*total income earned*
ersons in the household) per ☐ WEEK / ☐ MONTH / ☐ YEAR.

3 gross household income (before taxes) is from the following sources (*list amounts before taxes*)
WEEK / ☐ MONTH / ☐ YEAR:

ages ..... $ _____
ommissions/Bonuses ..... $ _____
ocial Security/SSI ..... $ _____
etirement Income ..... $ _____
nemployment Insurance ..... $ _____
emporary Cash Assistance ..... $ _____
limony/Spousal Support ..... $ _____
ent received from tenants ..... $ _____
ny Other Income (*Do not include food stamps/SNAP*) ..... $ _____

n the following property. (*Do not list your home, one vehicle, and/or personal items in your*

☐ NONE

eal estate other than principal home ..... Value: $ _____
ther vehicles including boats ..... Value: $ _____
ank Accounts ..... Balance: $ _____
tocks or other securities ..... Value: $ _____
ther property (describe): _____ Value: $ _____

5. the following debts:

NONE

dit Card:_____ Amount Owed: $_____ Monthly Payment: $_____

Loan: _____ Amount Owed: $_____ Monthly Payment: $_____

er Debt: _____ Amount Owed: $_____ Monthly Payment: $_____

6 information to demonstrate my inability to prepay the required costs:

_____

_____

_____

e reasons, I request a waiver of the prepaid costs.

stand that I may have to pay these costs at the end of the case, unless the Court grants a final r of open costs, and that if I want a final waiver of open costs I must request the waiver at the ion of the action in accordance with Maryland Rule 1-325(f)(2)(A).

under the penalties of perjury that what I have said above is true to the best of my kno , information, and belief.

Party _____ Telephone / Fax

Party _____ E-mail

Addre _____ Date

City, _____

Atto ertification *(To be completed by your lawyer, if you are represented).*

I, _____, certify that to the best of my knowledge, information, and
Name of Attorney

beli e is a good ground for this claim, application, or request for process, and it is not interposed for any er purpose or delay.

On behalf of: _____
Name of Party

Attor re _____ CPF ID No. Telephone / Fax

Attor _____ E-mail

Addr _____ Date

City, _____