C C	IRCUIT COURT F	OR	City/County	, MA	RYLAND
TI.	ated at				
ne			SName		
dress			Address		
y, State, Zip	Plaintiff	Telephone	City, State, Zip	Defendant No. 1	Telephone
			Name		
			Address		
			City, State, Zip		Telephone
				Defendant No. 2	
I am the	e \square mother \square father collowing minor child(re	orRelation en):	onship (for example,	aunt, grandfather, guardia	un, etc.)
I am the	e mother father of sollowing minor child(re	511) .	nship (for example, th		
I am the	Name	511) .	th		Date of Birth
I am the	Name	Date of Bir	th	Name	Date of Birth Date of Birth
	Name Name Name	Date of Bir Date of Bir Date of Bir is the	th th mother fat	Name Name Name her orRelatic	Date of Birth Date of Birth
of the chil	Name Name Name Name Defendant hild(ren). Defendant No	Date of Bir Date of Bir Date of Bir is the [o. 2 is the	th th mother fat ther father of	Name Name Name her orRelation the child(ren).	Date of Birth Date of Birth Date of Birth onship
of the chil	Name Name Name Defendant hild(ren). Defendant N	Date of Bir Date of Bir Date of Bir is the [o. 2 is the	th th mother fat ther father of	Name Name Name her orRelation the child(ren).	Date of Birth Date of Birth Date of Birth onship
of the cl	Name Name Name Name Defendant hild(ren). Defendant No	Date of Bir Date of Bir Date of Bir is the o. 2 is the Name of	th th mother fat ther father of	Name Name Name her orRelation the child(ren).	Date of Birth Date of Birth Date of Birth Date of Birth

<u>Court</u>	Case No.	Kind of Case	Year Filed	Results or Status (if you kr	
Attach the m	ost recent court	order for the abo	ve-referenced c	court cases.	
	a party, witness, the child(ren):	or otherwise invo	olved in the following	lowing cases about custody or	
<u>State</u>	<u>Court</u>	Case No.	<u>Date</u>	e of Child Custody Determina	
		order for the abo			
claim rights o	Name	or physical custo	dy of, or visita	Current Address	
	Name			Current Address	
Name		-	Current Address		
It is in the be	est interests of the	e child(ren) to be	in my custody	because:	
	•	t the court (<i>check</i>			
☐ Grant m	e 🗌 sole 🗌 joi	·	ysical custody	of the child(ren).	
☐ Grant m	e	nt (check one) ph nt (check one) leg	ysical custody al custody of the	of the child(ren). ne child(ren).	
☐ Grant m ☐ Grant m ☐ Allow	e	nt (check one) ph at (check one) leg Name(s)	ysical custody al custody of tl	of the child(ren).	

	Allow no visitation becaus	e			
	OrderN	to pay health insurance for child(ren).			
	Order	to pay child support (attach Financial			
	Statement. Use Financia	ame(s) I Statement (Child Support Guidelines) (CC-DR-030) or			
	Financial Statement (Ger	neral) (CC-DR-031)).			
	(State other requests relating to the children.)				
X	Order any other appropriat	re relief.			
•	firm under the penalties of p	perjury, that the contents of this document are true to the best of			
	Date	Signature			