

Mark this box if this form contains Restricted Information.



**CIRCUIT COURT FOR** \_\_\_\_\_, **MARYLAND**

City/County

Located at \_\_\_\_\_ **Case No.** \_\_\_\_\_

Court Address

**Plaintiff 1**

vs.

**Defendant 1**

Street Address

Street Address

City, State, Zip

Telephone

City, State, Zip

Telephone

**Plaintiff 2**

**Defendant 2**

Street Address

Street Address

City, State, Zip

Telephone

City, State, Zip

Telephone

**REQUEST TO REGISTER AN OUT-OF-STATE CHILD CUSTODY ORDER  
(Md. Code, Family Law Art., § 9.5-305)**

**MDEC counties only: If this submission contains Restricted Information (confidential by statute, rule or court order) you must file a Notice Regarding Restricted Information Pursuant to Rule 20-201.1 (form MDJ-008) with this submission, and check the Restricted Information box on this form.**

**NOTE:** Use this form if you want to register an out-of-state custody order in Maryland. Attach two (2) copies of your out-of-state order, including one (1) certified copy.

I/We, \_\_\_\_\_, state that:  
Your name(s)

1. I am/We are the  mother/  father  \_\_\_\_\_  
Relationship (for example, aunt, grandfather, guardian)

of the following minor child(ren):

Name(s)	Date(s) of birth

2. On \_\_\_\_\_ the \_\_\_\_\_  
Date of out-of-state court order Name of out-of-state court

in \_\_\_\_\_ issued an order in case number \_\_\_\_\_  
State Case no. of original case

regarding the legal custody (decision-making authority), physical custody (parenting time), or visitation (child access) of a child(ren).

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

3. That court also awarded custody and/or visitation (child access) of the minor child(ren) to the following persons:

<u>Name</u>	<u>Current Address</u>

4. To the best of my/our knowledge and belief the order has not been modified.

**FOR THESE REASONS, I/we** ask the court to register in Maryland the child custody order.

I/We solemnly affirm under the penalties of perjury that the contents of this document are true to the best of my/our knowledge, information, and belief.

\_\_\_\_\_ Date

\_\_\_\_\_ Signature 1

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

\_\_\_\_\_ Address

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

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

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

\_\_\_\_\_ Date

\_\_\_\_\_ Signature 2

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

\_\_\_\_\_ Address

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

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

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

**RQFFJ  
REQUE**