

Circuit Court for _____

City or County

CIVIL-DOMESTIC CASE INFORMATION REPORT

Directions:

Plaintiff: This Information Report must be completed and attached to the complaint filed with the Clerk of Court unless your case is exempted from the requirement by the Chief Judge of the Court of Appeals pursuant to Rule 2-111. A copy must be included for each defendant to be served.

Defendant: You must file an Information Report as required by Rule 2-323(h).

THIS INFORMATION REPORT CANNOT BE ACCEPTED AS AN ANSWER OR RESPONSE.

FORM FILED BY: PLAINTIFF DEFENDANT CASE NUMBER: _____ (Clerk to insert)

CASE NAME: _____ v _____
Plaintiff Defendant

PARTY'S NAME: _____ PHONE: () _____
(Daytime phone)

ADDRESS: _____

PARTY'S ATTORNEY'S NAME: _____ PHONE: () _____

ATTORNEY'S ADDRESS: _____

I am not represented by an attorney

RELATED CASE PENDING? Yes No If yes, Court and Case #(s), if known: _____

Special Requirements? Interpreter/communication impairment Which language _____
 (Attach Form 1-332 if Accommodation or Interpreter Needed) Which dialect _____

ADA accommodation: _____

ALTERNATIVE DISPUTE RESOLUTION INFORMATION

Is this case appropriate for referral to an ADR process under Md. Rule 17-101? (Check all that apply)

A. Mediation Yes No C. Settlement Conference Yes No

B. Arbitration Yes No D. Neutral Evaluation Yes No

IS THIS CASE CONTESTED? Yes No If yes, which issues appear to be contested?

Ground for divorce

Child Custody Visitation

Child Support

Alimony Permanent Rehabilitative

Use and possession of family home and property

Marital property issues involving:

Valuation of business Pensions Bank accounts/IRA's Real Property

Other: _____

Paternity

Adoption/termination of parental rights

Other: _____

Request is made for: Initial order Modification Contempt Absolute Divorce Limited Divorce

For non-custody/visitation issues, do you intend to request:

Court-appointed expert (name field) _____ Mediation by a Court-sponsored settlement program

Initial conference with the Court Other: _____

For custody/visitation issues, do you intend to request:

Mediation by a private mediator Appointment of counsel to represent child (not just to waive psychiatric privilege)

Evaluation by mental health professional

Other Evaluation _____ A conference with the Court

Is there an allegation of physical or sexual abuse of party or child? Yes No

CASE NAME: _____ V _____	CASE NUMBER: _____
Plaintiff	Defendant
(Click to insert)	
TIME ESTIMATE FOR A MERITS HEARING: _____ hours _____ days	
TIME ESTIMATE FOR HEARING OTHER THAN A MERITS HEARING: _____ hours _____ days	

Signature of Counsd/Party

Date

Print Name

Street Address

City/State/ZIP