

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: _____ vs. _____
Plaintiff Defendant

PARTY'S NAME: _____ PHONE: () -
Day Time 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 (Please attach Form CC-DC 41)
 ADA accommodation (Please attach Form CC-DC 49)

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 A conference with the Court
 Other Evaluation _____

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

CASE NAME _____ vs. _____ <div style="display: flex; justify-content: space-around; font-size: small;"> Plaintiff Defendant </div>	CASE NUMBER: _____ <div style="text-align: right; font-size: x-small;">(Clerk to Insert)</div>
TIME ESTIMATE FOR A MERITS HEARING: _____ hours _____ days	
TIME ESTIMATES FOR HEARING OTHER THAN A MERITS HEARING: _____ hours _____ days	
COMPLEX SCIENCE MEDICAL CASE MANAGEMENT PROGRAM (ASTAR) <i>FOR PURPOSES OF POSSIBLE SPECIAL ASSIGNMENT TO AN ASTAR RESOURCE JUDGE under Md. Rule 16-202. Please check the applicable box below and attache a duplicate copy of your complaint.</i>	
<input type="checkbox"/> Expedited - Trial within 7 months of filing <input type="checkbox"/> Standard - Trial within 18 months of filing	

Signature of Counsel/Party

Print Name

Street Address

City/State/Zip

Date