

Name					Name						
Street Address			Apt. #		vs. Street Address					Apt. #	
()					()						
City	State	Zip Code	Area Code	Telephone	City	State	Zip Code	Area Code	Telephone		
<i>Plaintiff</i>					<i>Defendant</i>						

COMPLAINT FOR ABSOLUTE DIVORCE
(Dom.Rel. 20)

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

1. The Defendant and I were married on _____
Month Day Year
in _____ in a civil/religious ceremony.
City/County/State where Married Circle One

2. Check all that apply:

I have lived in Maryland since: _____
Month/Year

My spouse has lived in Maryland since: _____
Month/Year

The grounds for divorce occurred in the State of Maryland.

3. We have no children together (skip paragraphs 4 and 5) or

My spouse and I are the parents of the following child(ren):

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

4. The child(ren) are currently living with _____
The Opposing Party Name

5. It is in the best interest of the child(ren) that I have custody of joint custody of
 visitation with : _____
Name/Children

6. I am/am not seeking alimony because _____
Circle One

7. (You do not have to complete paragraph 7 if you are not asking the court to make decisions about your property.) My spouse and/or I have the following property and debts (check all that apply):

- | | |
|--|--|
| <input type="checkbox"/> House(s) | <input type="checkbox"/> Furniture |
| <input type="checkbox"/> Pension(s) | <input type="checkbox"/> Bank account(s) and investment(s) |
| <input type="checkbox"/> Motor Vehicle(s) | <input type="checkbox"/> Other : _____ |
| <input type="checkbox"/> Debts (attach list) | _____ |

8. My grounds for an absolute divorce are: (Check all that apply)

- Two-Year Separation** - From on or about _____, my spouse and I have lived
Month/Day/Year
separate and apart from each other in separate residences, without interruption, without sexual intercourse, for more than two years and there is no reasonable expectation that we will reconcile.
- Voluntary Separation** - From on or about _____, my spouse and I by mutual
Month/Day/Year
and voluntary agreement have lived separate and apart from one another in separate residences, without interruption, without sexual intercourse, for more than 12 months with the express purpose and intent of ending our marriage, and there is no reasonable expectation that we will reconcile.
- Adultery** - My spouse committed adultery.
- Actual Desertion** - On or about _____, my spouse without just cause or
Month/Day/Year
reason, abandoned and deserted me, with the intention of ending our marriage. This abandonment has continued without interruption for more than 12 months and there is no reasonable expectation that we will reconcile.
- Constructive Desertion** - I left my spouse because his/her cruel and vicious conduct made the continuation of our marriage impossible, if I were to preserve my health, safety, and self-respect. This conduct was the final and deliberate act of my spouse and our separation has continued without interruption for more than 12 months and there is no reasonable expectation that we will reconcile.
- Criminal Conviction of a Felony or Misdemeanor** - On or about _____, my
Month/Day/Year
spouse was sentenced to serve at least three years or an indeterminate sentence in a penal institution and has served 12 or more months of the sentence.
- Insanity** - On or about _____, my spouse was confined to a mental institution,
Month/Day/Year
hospital, or other similar institution and has been confined for 3 or more years. Two doctors competent in psychiatry will testify that the insanity is incurable and there is no hope of recovery. My spouse or I have been a resident of Maryland for at least two years before the filing of this complaint.

FOR THESE REASONS, I request (check all that apply):

- | | |
|---|--|
| <input type="checkbox"/> An Absolute Divorce. | <input type="checkbox"/> Child support (Attach Form Dom.Rel.30 or Dom.Rel. 31) |
| <input type="checkbox"/> A change back to my former name.

Full Former Name | <input type="checkbox"/> Health insurance for the child(ren). |
| <input type="checkbox"/> Custody of the minor child(ren). | <input type="checkbox"/> Health insurance for me. |
| <input type="checkbox"/> Joint custody of the minor child(ren). | <input type="checkbox"/> My share of the property or its value. |
| <input type="checkbox"/> Visitation with the minor child(ren). | <input type="checkbox"/> A money award based on marital property. |
| <input type="checkbox"/> Use and possession of the family home and family use personal property for a period of not more than three years from the date of the divorce. | <input type="checkbox"/> Alimony (Attach Form Dom.Rel. 31). |
| | <input type="checkbox"/> Any other appropriate relief. |

Date

Name