

**This form contains Restricted Information.**



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

City/County

Located at \_\_\_\_\_ Case Number \_\_\_\_\_

Court Address

vs.

Plaintiff \_\_\_\_\_

Defendant \_\_\_\_\_

Street Address \_\_\_\_\_

Street Address \_\_\_\_\_

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

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

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

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

**Child(ren)**

**Name**

**Age**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**JOINT STATEMENT OF THE PARTIES CONCERNING  
DECISION-MAKING AUTHORITY AND PARENTING TIME  
(Md. Rule 9-204.2)**

**NOTE:** Complete this form if you are NOT able to reach a comprehensive parenting plan agreement.

*“Party”*: A person who seeks to establish or maintain a parent-child relationship with a child.

**MDEC counties only: You must file a Notice Regarding Restricted Information Pursuant to Rule 20-201.1 (form MDJ-008) with this submission.**

*(check one)*

This is a jointly-prepared statement by

**Party’s Name**

**Relationship to Child(ren)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

This is the statement of \_\_\_\_\_ (a joint statement  
Party name

is not filed due to an allegation of domestic violence, child abuse, substance abuse, or other reason).

**1. AGREE**

**We agree** the following provisions are in the best interest of the child(ren) (consider factors in Md. Rule 9-204.1 and listed in the Instructions). Attach additional sheets if needed. For example, attach a Maryland Parenting Plan Tool (CC-DR-109) or other document that lists points of agreement.

**A. Parental responsibility and decision-making authority**

\_\_\_\_\_ will make all major decisions for the child(ren).

Name

We will jointly make all major decisions.

We will divide the major decision-making in the following way:

\_\_\_\_\_

**B. Parenting time/holidays**

Parenting time and holidays shall be scheduled as follows:

\_\_\_\_\_

**C. Transportation and exchanges**

Transportation and exchanges shall take place in the following way:

\_\_\_\_\_

**D. Communication between parents and child(ren)**

We will communicate with the child(ren) as follows:

\_\_\_\_\_

**E. Child care**

We will handle child care as follows:

\_\_\_\_\_

**F. Other issues**

We also agree to the following:

\_\_\_\_\_

**2. DISAGREE**

We do not agree on how to address the following issues (attach additional sheets if needed):

**A. Parental responsibility and decision-making authority**

Name	Proposal
_____	_____
_____	_____
_____	_____

**B. Parenting time/holidays**

Name	Proposal
_____	_____
_____	_____
_____	_____

**C. Transportation and exchanges**

Name	Proposal
_____	_____
_____	_____
_____	_____

Case Number \_\_\_\_\_

**D. Communication between parents and child(ren)**

**Name**

**Proposal**

_____	_____
_____	_____

**E. Child care**

**Name**

**Proposal**

_____	_____
_____	_____

**F. Other issues: (describe)**

**Name**

**Proposal**

_____	_____
_____	_____
_____	_____

_____	_____	_____	_____
Date	Signature	Date	Signature
_____	_____	_____	_____
Printed Name	Printed Name	_____	_____
_____	_____	_____	_____
Street Address	Street Address	_____	_____
_____	_____	_____	_____
City, State, Zip	City, State, Zip	_____	_____
_____	_____	_____	_____
Telephone Number	Telephone Number	_____	_____
_____	_____	_____	_____
E-mail	Fax	E-mail	Fax

_____
Date
_____
Signature
_____
Printed Name
_____
Street Address
_____
City, State, Zip
_____
Telephone Number
_____
E-mail
_____
Fax