

CIVIL - DOMESTIC CASE INFORMATION REPORT

DIRECTIONS:	
<i>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.</i>	
<i>Defendant: You must file an Information Report as required by Rule 2-323(h).</i>	
THIS INFORMATION REPORT CANNOT BE ACCEPTED AS AN ANSWER OR RESPONSE	
FORM FILED BY: <input type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	CASE NUMBER _____ <small>Clerk to insert</small>
CASE NAME: _____ <small>Plaintiff</small>	vs. _____ <small>Defendant</small>
PARTY'S NAME: _____	PHONE: () - <small>Day Time Phone</small>
ADDRESS: _____	
PARTY'S ATTORNEY'S NAME: _____	PHONE: () -
ATTORNEY'S ADDRESS: _____	
<input type="checkbox"/> I am not represented by an attorney	
RELATED CASE PENDING? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Court and case #(s) if known: _____	
Special Requirements? <input type="checkbox"/> Interpreter/communication impairment	Which language _____
(Attach Form 1-332 if Accommodation or Interpreter Needed)	Which dialect _____
<input type="checkbox"/> 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 <input type="checkbox"/> Yes <input type="checkbox"/> No	C. Settlement Conference <input type="checkbox"/> Yes <input type="checkbox"/> No
B. Arbitration <input type="checkbox"/> Yes <input type="checkbox"/> No	D. Neutral Evaluation <input type="checkbox"/> Yes <input type="checkbox"/> No
IS THIS CASE CONTESTED? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, which issues appear to be contested?	
<input type="checkbox"/> Ground for divorce <input type="checkbox"/> Child Custody <input type="checkbox"/> Visitation <input type="checkbox"/> Child Support <input type="checkbox"/> Alimony <input type="checkbox"/> Permanent <input type="checkbox"/> Rehabilitative <input type="checkbox"/> Use and possession of family home and property <input type="checkbox"/> Marital property issues involving: <input type="checkbox"/> Valuation of business <input type="checkbox"/> Pensions <input type="checkbox"/> Bank accounts/IRA's <input type="checkbox"/> Real Property <input type="checkbox"/> Other: _____	
<input type="checkbox"/> Paternity <input type="checkbox"/> Adoption/termination of parental rights <input type="checkbox"/> Other: _____	
Request is made for: <input type="checkbox"/> Initial order <input type="checkbox"/> Modification <input type="checkbox"/> Contempt <input type="checkbox"/> Absolute Divorce <input type="checkbox"/> Limited Divorce	
For non-custody/visitation issues, do you intend to request:	
<input type="checkbox"/> Court-appointed expert (name field) _____ <input type="checkbox"/> Mediation by a Court-sponsored settlement program <input type="checkbox"/> Initial conference with the court <input type="checkbox"/> Other: _____	
For custody/visitation issues, do you intend to request:	
<input type="checkbox"/> Mediation by a private mediator <input type="checkbox"/> Appointment of counsel to represent child (not just to waive psychiatric privilege) <input type="checkbox"/> Evaluation by mental health professional <input type="checkbox"/> A conference with the Court <input type="checkbox"/> Other Evaluation _____	
Is there an allegation of physical or sexual abuse of party or child? <input type="checkbox"/> Yes <input type="checkbox"/> No	

CASE NAME _____ vs. _____ CASE NUMBER: _____ <div style="display: flex; justify-content: space-between; font-size: small;"> Plaintiff Defendant (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 attach 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
