



CIRCUIT COURT FOR \_\_\_\_\_, MARYLAND  
City/County

Located at \_\_\_\_\_ Case No. \_\_\_\_\_  
Court Address

Plaintiff	vs.	Defendant
Address		Address
City, State, Zip	Telephone	City, State, Zip Telephone

**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.*

(check one)

This is a jointly-prepared statement by

Party's Name	Relationship to Child(ren)
_____	_____
_____	_____
_____	_____

This is the statement of \_\_\_\_\_ (a joint statement is not  
 filed due to an allegation of domestic violence, child abuse, substance abuse, or other reason).  
 Party name

**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 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 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**

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**B. Parenting time/holidays**

**Name**

**Proposal**

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**C. Transportation and exchanges**

**Name**

**Proposal**

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

**Name**

**Proposal**

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**E. Child care**

**Name**

**Proposal**

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

**Name**

**Proposal**

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Date

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Printed Name

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Signature

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Date

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