

Dear Child Support Recipient or Payor:

At any time, the health and financial wellbeing of many individuals can be impacted by a single life event. You may find that you need to seek a modification of child support to account for material changes in your employment, custody, or expenses relating to childcare or health care. To better serve you, the Child Support Administration (CSA) developed this Modification Request packet.

Generally, in order to qualify for a child support modification, there must be a “material change in circumstances.” Examples include:

- Emancipation or change in custody of one or more children
- A change in job status of either party – this includes a loss of employment or reduction in hours, unless this change was voluntary (in other words, one of the parties quit his/her job)
- Increased or decreased childcare expenses
- Medical expenses

This packet includes the following documents:

- A six-page *Modification Review Questionnaire* – This questionnaire includes requests for additional relevant documents that must be submitted with your complete modification packet. ***These additional document requests are highlighted in yellow, bolded, italicized and underlined.***
- The *Notice of Legal Representation* – This document verifies that you understand the attorneys who work for the local Offices of Child Support do **not** represent you.
- The two-page *Financial Statement* – This document, which is signed under penalties of perjury, verifies your income and expenses. You only need to fill in the areas **under** “FINANCIAL STATEMENT” (and **not** the case caption information above that, which will be completed by an attorney if a modification is filed).
- A two-page listing of *Local Child Support Offices* where you will need to submit your complete Modification Packet – This document is yours to keep, so you will know how to contact the appropriate local child support office.
- A listing of *Local Self-Help Centers and Non-Profit Legal Services Providers* that can assist you with seeking a modification of child support **free of charge** – This document is yours to keep in case you want to request a modification on your own.

### **How to Request a Modification Through the Local Office Child Support**

To request a child support modification review from your local child support office, you must complete the Modification Review Questionnaire, Notice of Legal Representation, and Financial Statement (all of which are contained in this packet), and send them – along with the additional documentation requested – to the child support office in the county (or Baltimore City) where your case occurred. Contact information for all local child support offices is provided in this packet.

Failure to submit (1) the Modification Packet; (2) the Notice of Legal Representation; (3) the Financial Statement; and (4) all other requested supporting documents **will** result in delays in your

modification request being processed. Failing to provide additional documentation requested by the local child support office or the opposing party, or willfully withholding or misrepresenting relevant information may result in (1) denial of your modification review request, or (2) withdrawal of a previously filed Motion for Modification of Child Support.

Once the local child support office receives your documents, they will contact the opposing party in the case, and request additional information from him/her. After all documents have been received, you will receive written notification regarding whether the local child support office intends to file a child support modification request in your case. Please note that this process may take up to 180 days.

Please be advised that, if the local child support office determines, in its opinion, that there is sufficient evidence of a material change in circumstances justifying a modification of support, they will file a request for modification regardless of whether the modification benefits the original requestor or the opposing party. For example, if the requesting party wanted to increase child support, but the local child support office determined that a decrease is appropriate, the office will seek a decrease in the child support obligation. Likewise, if the requesting party wanted to decrease the child support obligation, but the local office found that an increase was appropriate, they would file for an increase in child support.

### **Alternative Methods of Requesting Modification of Child Support**

You can also file a request for a modification with the Court on your own instead of filing a request with the local child support office or after the child support office has declined to file a request on your behalf. You may wish to hire a private attorney to assist you with that filing, or you may seek assistance from a non-profit legal service provider or local self-help center. A listing of local self-help centers is provided with this packet. Some local self-help centers have limited their hours and operations; however the Maryland Court Self-Help Center is available by calling 410-260-1392, or by reaching out online at [www.courts.state.md.us/selfhelp](http://www.courts.state.md.us/selfhelp).

Your child support award will not change unless a Court reviews a motion to modify the amount and decides that a modification is appropriate. The Court may backdate the change to the date when the motion was filed with this Court. However, the Court cannot modify any arrears that accrued prior to the filing of the Motion for Modification of Child Support with the Court.

If you have any questions about the information in this packet, please call the toll-free CSA hotline at 1-800-332-6347.

Thank you,

Maryland Child Support Administration

# Modification Review Questionnaire

*Please type or print your answers legibly. Failure to provide legible answers may result in additional time processing your modification request.*

**CSMS Case Number:** \_\_\_\_\_

<b>Requestor's Information</b>			
<i>Please provide the following information about the person requesting a modification of child support</i>			
<b>Full Name</b>			
<b>Social Security Number</b>		<b>Date of Birth</b>	
<b>Home Address</b>			<b>Apt./Suite.</b>
<b>Home Address (City, State, zip code)</b>			
<b>Cell Phone No.</b>		<b>Home/Work Phone No.</b>	
<b>Email Address</b>			

**Please provide a photo or copy of your driver's license or identification to verify your identity.**

<b>Other Party's Information</b>			
<i>Please provide as much information about the opposing party (the other parent or custodian) as is known</i>			
<b>Full Name</b>			
<b>Social Security Number</b>		<b>Date of Birth</b>	
<b>Home Address</b>			<b>Apt./Suite.</b>
<b>Home Address (City, State, zip code)</b>			
<b>Cell Phone No.</b>		<b>Home/Work Phone No.</b>	
<b>Email Address</b>			

<b>Child(ren)'s Information – for this case ONLY</b>			
<b>Child #1's Name</b>		<b>Date of Birth</b>	
<b>Child #2's Name</b>		<b>Date of Birth</b>	
<b>Child #3's Name</b>		<b>Date of Birth</b>	
<b>Child #4's Name</b>		<b>Date of Birth</b>	

**Please provide a copy of the current child support order and the child support guidelines worksheet that was used to calculate your current child support obligation.**

I am requesting a/an: *(select one)*

- INCREASE in the support obligation
- DECREASE in the support obligation

I am requesting this modification because: *(check all that apply)*

- Child[ren] has/have emancipated:

<b>Child #1's Name</b>		<b>Date of Birth</b>	
<b>Child #2's Name</b>		<b>Date of Birth</b>	
<b>Child #3's Name</b>		<b>Date of Birth</b>	

- I am disabled/receiving Social Security Disability Insurance (SSDI) and/or Supplemental Security Income (SSI)
- There has been a decrease in my income because \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- I am incarcerated at \_\_\_\_\_ *(Expected Release Date: \_\_\_\_\_)*  
Facility Name

**If you are incarcerated, please provide sentencing and commitment paperwork.**

- Child now resides with me, and I have been granted custody of child  
**If there has been a change in custody, please provide Court Order.**
- Other: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Information Required to Calculate Maryland’s Child Support Guidelines**

*(If you fail to provide all requested information, your case may be rejected)*

**1. Other Child Support Obligations**

Do you have any **other** biological or legally adopted children that you support? *(select one)*

Yes       No

If you selected Yes, please provide the name(s) and date(s) of birth for each child

<b>Child #1’s Name</b>		<b>Date of Birth</b>	
<b>Child #2’s Name</b>		<b>Date of Birth</b>	
<b>Child #3’s Name</b>		<b>Date of Birth</b>	

Please list all existing Court ordered support obligations that **you** are obligated to pay  
*(Please use an additional sheet if necessary)*

<b>Child(ren) on Order</b>	<b>Amount</b>	<b>Frequency</b>	<b>State/County that issued order</b>
	\$	<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly	
	\$	<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly	
	\$	<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly	

**If you are under Court Order to pay child support for any of these OTHER children, you must provide proof of this obligation (for example the Court Order or Separation Agreement); and proof that you are making payments (such as payment history from the issuing Child Support Agency, receipts of payment or cancelled checks).**

**2. Requesting Party’s Income Information**

What is **your** employment status? *(select all that apply)*

Employed       Self-Employed       Unemployed

If you selected Employed, please provide the following information about your employment:

<b>Business/Employer’s Name</b>	<b>Work Address</b>	<b>Gross Income (before taxes)</b>	<b>Frequency (weekly, biweekly, monthly, yearly)</b>
		\$	
		\$	

List any other sources of income (such as Social Security Benefits, Unemployment, Retirement, Military Benefits, etc.) that **you** receive:

Source(s) of Income	Income Amount	Frequency ( <i>weekly, biweekly, monthly, yearly</i> )
	\$	
	\$	

**To verify your income, you must provide:**

- **Four (4) of your most recent paystubs;**
- **W-2s, 1099s, tax forms, or tax returns for the previous year;**
- **A copy of your award statement, if you receive Social Security Benefits or unemployment; OR**
- **Any other documentation you have regarding how you earn an income.**

If you selected Unemployed, please provide the following information about your most recent employment:

Business/Employer's Name	Work Address	Gross Income ( <i>before taxes</i> )	Frequency ( <i>weekly, biweekly, monthly, yearly</i> )
		\$	
		\$	

Please state the circumstances as to why you are no longer employed: \_\_\_\_\_

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**To verify your claim, you must provide:**

- **Notice/Letter of Termination;**
- **Application for Unemployment Benefits; OR**
- **Any other documentation relating to your unemployment.**

**3. Other Party's Income Information (if known)**

What is **the other party's** employment status (if known)? (*select all that apply*)

- Employed       Self-Employed       Unemployed

If the other party is employed, please provide the following information (if known):

Business/Employer's Name	Work Address	Gross Income ( <i>before taxes</i> )	Frequency ( <i>weekly, biweekly, monthly, yearly</i> )
		\$	
		\$	

List any other sources of income (such as Social Security Benefits, Unemployment, Retirement, Military Benefits, etc.) that the **other party receives** (if known):

Source(s) of Income	Income Amount	Frequency ( <i>weekly, biweekly, monthly, yearly</i> )
	\$	
	\$	

**4. Health Insurance Information**

Who covers the health insurance for the child(ren) in this case?

- Requesting party (Person filling out form)
  Other party
  Other: \_\_\_\_\_  
 (For example, the State, stepparent, or other 3rd party)

**If you are NOT currently providing health insurance, please provide a statement from your current employer indicating whether or not health insurance is available through your employment and, if so, the cost to cover you alone and the total cost to cover you and your child(ren).**

If **you** provide insurance for the child(ren), please provide the following information

Health Insurance Premium you pay	Frequency ( <i>weekly, bimonthly, monthly</i> )	Type of Policy	Number of people on Policy
\$		<input type="checkbox"/> Individual <input type="checkbox"/> Family	

**Please provide documentation to verify the cost of providing health insurance to the child(ren).**

Are there any extraordinary medical expenses (uninsured expenses for medical treatment exceeding \$250 per year, including costs for dental treatment, vision care, physical therapy, or counseling/psychiatric therapy) associated with the child(ren)?

- No  Yes – If so, what is the estimated cost per month? \$ \_\_\_\_\_

**Please provide receipts or benefits statements for any extraordinary medical expenses.**

**5. Work-Related Childcare Expenses**

Are there any work-related childcare expenses for the child(ren)? (*select one*)

- Yes  No

If there are childcare expenses, how much do **you** pay? \$ \_\_\_\_\_

How often? (*select one*)  Weekly  Biweekly  Monthly

**Please provide recent cancelled checks, receipts, a notarized statement from your childcare provider, or a childcare contract.**

If there are childcare expenses, how much does the **other party** pay? \$ \_\_\_\_\_

How often? (*select one*)  Weekly  Biweekly  Monthly

Who provides childcare for the child(ren)?

Name (Business or Person)	Address	Phone Number

**6. Custody**

How many overnights do(es) the child(ren) spend with **you** per year? \_\_\_\_\_

How many overnights do(es) the child(ren) spend with **the other party** per year? \_\_\_\_\_

**7. Alimony**

Is alimony paid or received in **this case**? (select one)     No     Yes

If so, do you pay or receive the alimony? (select one)

I pay it to the other party     I receive it from the other party

What is the amount of alimony paid or received \$ \_\_\_\_\_?

How often? (select one)     Weekly     Biweekly     Monthly

Do you **receive** any alimony payments **in any other cases**?     No     Yes

If so, how much do you receive \$ \_\_\_\_\_?

How often? (select one)     Weekly     Biweekly     Monthly

Are you ordered to **pay** alimony to anyone **in any other case**?     No     Yes

If so, how much do you pay \$ \_\_\_\_\_?

How often? (select one)     Weekly     Biweekly     Monthly

**Please provide proof of obligation.**



**\*\*\*NOTICE OF LEGAL REPRESENTATION\*\*\***

**Attorneys working in the child support program represent the Child Support Administration of the State of Maryland and not any individual in performance of the attorneys' duties.**

Please be advised of the following information regarding the representation of the attorney:

1. **The child support attorney does not represent you or your personal interest.** The child support attorney represents the local Office of Child Support and the Child Support Administration of the State of Maryland. There is no attorney-client relationship between you and the attorney, between you and the child support office, or any employees thereof. Any information you provide may not be treated as confidential, except as provided by law.
2. You may be required to appear as a witness in court. Your failure to appear for court pursuant to an order or subpoena could result in your arrest or the dismissal of your pleading.
3. Attorneys working in the child support program will not become involved in custody and visitation disputes between the child's parents or other family members. You may need to obtain your own legal representation if custody or visitation becomes an issue in your child support case.
4. While you are receiving State child support services, you may also elect to hire a private attorney to represent your interest in your child support proceedings.

If you have any questions regarding this notice, please call your local child support office.

**BY SIGNING BELOW, I ACKNOWLEDGE THAT I UNDERSTAND THE CONTENTS OF THIS NOTICE OF LEGAL REPRESENTATION.**

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SIGNATURE

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DATE

Circuit Court for \_\_\_\_\_, Maryland

Located at \_\_\_\_\_ Case No. \_\_\_\_\_

\_\_\_\_\_  
Plaintiff VS. \_\_\_\_\_  
Defendant

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

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

FINANCIAL STATEMENT

I, \_\_\_\_\_, state that:  
Name

I am the \_\_\_\_\_ of the minor child(ren),  
Specify relationship (for example, mother, father, aunt, grandfather, guardian, etc.)

including children who have not attained the age of 19 years, are not married or self-supporting, and are enrolled in elementary school:

_____ Child's Name	_____ Date of Birth	_____ Child's Name	_____ Date of Birth
_____ Child's Name	_____ Date of Birth	_____ Child's Name	_____ Date of Birth
_____ Child's Name	_____ Date of Birth	_____ Child's Name	_____ Date of Birth

The following is a list of my **monthly**<sup>1</sup> income and expenses:  
(See definitions on the following page before filling out)

Total monthly income (before taxes): \$ \_\_\_\_\_

Child support I am paying for my **other child(ren)** each month: \$ \_\_\_\_\_

Alimony I am paying each month to \_\_\_\_\_ : \$ \_\_\_\_\_  
Name of Person(s)

Alimony I am receiving each month from \_\_\_\_\_ : \$ \_\_\_\_\_  
Name of Person(s)

Expenses for the **child(ren)** listed above:

Monthly health insurance premium: \$ \_\_\_\_\_

Monthly work-related childcare expenses: \$ \_\_\_\_\_

Extraordinary monthly medical expenses: \$ \_\_\_\_\_

School and transportation expenses: \$ \_\_\_\_\_

**I solemnly affirm under the penalties of perjury that the contents of the foregoing paper are true to the best of my knowledge, information, and belief.**

\_\_\_\_\_  
Signature \_\_\_\_\_ Date

<sup>1</sup> To figure the monthly amount of expenses, weekly expenses should be multiplied by 4.3 and yearly expenses should be divided by 12. If you do not pay the same amount each month for any of the categories listed, figure what your average monthly expense is.

## Financial Statement Definitions

**Total Monthly Income:** Your total monthly income from employment is the gross amount before taxes are taken out. Include income from all sources including, self-employment, rent, royalties, business income, salaries, wages, commissions, bonuses, dividends, pensions, interest, trusts, annuities, social security benefits, workers compensation, unemployment benefits, disability benefits, alimony or maintenance received, tips, income from side jobs, severance pay, capital gains, gifts, prizes, lottery winnings, etc. Do not report benefits from means-tested public assistance programs such as food stamps or Temporary Cash Assistance.

**Childcare Expenses:** Actual childcare expenses incurred on behalf of a child due to employment or job search of either parent with amount to be determined by actual experience or the level required to provide quality care from a licensed source.

**Extraordinary Medical Expenses:** Uninsured expenses in excess of \$250 in a calendar year for medical treatment, including orthodontia, dental treatment, vision care, asthma treatment, physical therapy, treatment for any chronic health problems, and professional counseling or psychiatric therapy for diagnosed mental disorders.

**School and Transportation Expenses:** Any expenses for attending a special or private elementary or secondary school to meet the particular needs of the child and expenses for transportation of the child between the homes of the parents.

# Local Child Support Offices

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**Note: Please use Email Addresses for sending completed modification applications *only***

## **Allegany County**

1 Frederick Street, Cumberland MD 21502  
Email: [ACDSS.CSA@maryland.gov](mailto:ACDSS.CSA@maryland.gov)

## **Anne Arundel County**

44 Calvert Street, 2<sup>nd</sup> Floor  
Annapolis MD 21401  
Email: [aaocs.modpacket@maryland.gov](mailto:aaocs.modpacket@maryland.gov)

## **Baltimore City**

*Baltimore City East:*  
1900 Howard St., Ste. 102, Baltimore, MD 21218  
*Baltimore City West:*  
2401 Liberty Heights Avenue, # 4645,  
Baltimore, MD 21215  
Email: [BaltimoreCityR&AUnit@maryland.gov](mailto:BaltimoreCityR&AUnit@maryland.gov)

## **Baltimore County**

211 Schilling Circle, Suite 102, Hunt Valley,  
MD 21031  
Email: [supportofficer@juno.com](mailto:supportofficer@juno.com)

## **Calvert County**

200 Duke Street, Prince Frederick, MD 20678  
Email: [calvert.bose@maryland.gov](mailto:calvert.bose@maryland.gov)

## **Caroline County**

*Mailing Address:*  
PO Box 400, Denton, MD 21629  
*Office Location:*  
300 Market Street, Denton, MD 21629  
Email: [caroline.childsupport@maryland.gov](mailto:caroline.childsupport@maryland.gov)

## **Carroll County**

*Mailing Address:*  
PO Box 930, Westminster, MD 21158  
*Office Location:*  
1232 Tech Court, Westminster, MD 21157  
Email: [Carroll.CSA\\_DHS@maryland.gov](mailto:Carroll.CSA_DHS@maryland.gov)

## **Cecil County**

*Mailing Address:*  
PO Box 1160, Elkton, MD 21922  
*Office Location:*  
170 E. Main Street, Elkton, MD 21921  
Email: [rosalind.allen@maryland.gov](mailto:rosalind.allen@maryland.gov)

## **Charles County**

200 Kent Avenue, LaPlata, MD 20646  
Email: [tiffany.roseonyekuru@maryland.gov](mailto:tiffany.roseonyekuru@maryland.gov)

## **Dorchester County**

2737 Dorchester Square  
Cambridge, MD 21613  
Email: [dorchesterdss.childsupport@maryland.gov](mailto:dorchesterdss.childsupport@maryland.gov)

## **Frederick County**

*Mailing Address:*  
PO Box 237, Frederick, MD 21705  
*Office Location:*  
1888 N. Market Street, Frederick, MD 21701  
Email: [fcdss.childsupport@maryland.gov](mailto:fcdss.childsupport@maryland.gov)

## **Garrett County**

12578 Garratt Highway, Oakland, MD 21550  
Email: [tanya.kessell@maryland.gov](mailto:tanya.kessell@maryland.gov)

## **Harford County**

101 S. Main Street, Suite 200, Bel Air, MD 21014  
Email: [Harfordcsa.Legal@maryland.gov](mailto:Harfordcsa.Legal@maryland.gov)

## **Howard County**

9780 Patuxent Woods Drive, Columbia, MD 21046  
Email: [Hococsa.legal@maryland.gov](mailto:Hococsa.legal@maryland.gov)

## **Kent County**

315 High Street, Suite 208, Chestertown, MD 21620  
Email: [lindsay.blume@maryland.gov](mailto:lindsay.blume@maryland.gov)

## **Montgomery County**

*Mailing Address:*  
51 Monroe Street, Suite 811, Rockville, MD 20850  
*Office Location:*  
51 Monroe Street, 9<sup>th</sup> Floor, Rockville, MD 20850 Email:  
[MontgomeryCountyOffice.ChildSupport@maryland.gov](mailto:MontgomeryCountyOffice.ChildSupport@maryland.gov)

## **Prince George's County**

4235 28<sup>th</sup> Avenue, Suite 135, Temple Hills, MD 20748  
Email: [legal.pgcoocs@maryland.gov](mailto:legal.pgcoocs@maryland.gov)

## **Local Child Support Offices**

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**Note: Please use Email Addresses for sending completed modification applications *only***

### **Queen Anne's County**

*Office Location:*

125 Comet Drive, Centreville, MD 21617

Email: [vincenta.parker1@maryland.gov](mailto:vincenta.parker1@maryland.gov)

### **Somerset County**

*Mailing Address:*

PO Box 369, Princess Anne, MD 21853

*Office Location:*

30397 Mt. Vernon Road, Princess Anne, MD 21853

Email: [denise.merrick@maryland.gov](mailto:denise.merrick@maryland.gov)

### **St. Mary's County**

*Mailing Address:*

PO Box 509, Leonardtown, MD 20650

*Office Location:*

23110 Leonard Hall Drive, Leonardtown, MD 20650

Email: [dhscspip.saintmary@maryland.gov](mailto:dhscspip.saintmary@maryland.gov)

### **Talbot County**

301 Bay Street, Unit 5, Easton, MD 21601

Email: [kristin.bringman@maryland.gov](mailto:kristin.bringman@maryland.gov)

### **Washington County**

122 N. Potomac Street, Hagerstown, MD 21741

Email: [washingtoncounty.childsupport@maryland.gov](mailto:washingtoncounty.childsupport@maryland.gov)

### **Wicomico County**

31901 Tri-County Way, St. 101, Salisbury, MD 21804

Email: [april.schenck2@maryland.gov](mailto:april.schenck2@maryland.gov)

### **Worcester County**

299 Commerce Street, Snow Hill, MD 21863

Email: [csa.worcester@maryland.gov](mailto:csa.worcester@maryland.gov)

## Non-Profit Legal Service Providers & Local Family Law Self-Help Centers

**Maryland Legal Aid Bureau:**  
[www.mdlab.org](http://www.mdlab.org)

**Maryland Volunteer Lawyers Services:**  
[www.mvlslaw.org](http://www.mvlslaw.org)

For information on local *Family Law Self-help Centers*, go to [www.courts.state.md.us/family/familyselfhelp](http://www.courts.state.md.us/family/familyselfhelp)

### **Allegheny County**

59 Prospect Square, Cumberland  
310-722-3390

### **Anne Arundel County**

8 Church Circle, Suite 303, Annapolis  
410-222-1153

### **Baltimore City**

111 N. Calvert Street, Room 114, Baltimore

### **Baltimore County**

401 Bosley Avenue, Room 101, Towson

### **Calvert County**

175 Main Street, Prince Frederick  
410-535-1600 (ext. 2516)

### **Caroline County**

109 Market Street, Room 200, Denton  
410-479-1811

### **Carroll County**

55 N. Court Street, Room 208, Westminster  
410-386-2751

### **Cecil County**

129 Main Street, Room 205, Elkton  
410-996-1157

### **Charles County**

200 Charles Street, LaPlata  
301-932-3278

### **Dorchester County**

206 High Street, Room 101, Cambridge  
410-228-1395

### **Frederick County**

100 W. Patrick Street, Lower Level, Frederick  
Frederick Community College, Bldg. E  
301-600-2023

### **Garrett County**

203 S. 4<sup>th</sup> Street, Oakland  
301-334-7602

### **Harford County**

20 W. Courtland Street, Level A, Bel Air  
410-638-4916

### **Howard County**

9250 Judicial Way, Ellicott City, MD 21043  
410-313-2225 Family Law Coordinator

### **Kent County**

102 N. Cross Street, 2<sup>nd</sup> Floor, Chestertown  
410-810-1059

### **Montgomery County**

50 Maryland Avenue, South Tower, Room 1500,  
Rockville  
240-777-9076

### **Prince George's County**

14735 Main Street, Rooms M0416 & M2435, Upper  
Marlboro  
301-780-8000  
240-391-6370

### **Queen Anne's County**

200 N. Commerce Street, Suite 114, Centreville  
200 Library Circle, Stevensville  
121 S. Commerce Street, Centreville

### **Somerset County**

30513 Prince William Street, Princess Anne  
410-621-7583

### **St. Mary's County**

41605 Courthouse Drive Leonardtown  
21677 Franklin Delano Roosevelt Blvd., Lexington  
Park  
301-475-7844 (ext. 4121)

### **Talbot County**

11 N. Washington Street, South Wing, Easton  
100 W. Dover Street, Easton  
410-770-6806

### **Washington County**

24 Summit Avenue, Room 229, Hagerstown  
240-313-2580

### **Wicomico County**

101 N. Division Street, Salisbury  
410-334-3110

### **Worcester County**

One W. Market Street, Room 101, Snow Hill  
410-632-5638

