

This form contains Restricted Information.



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

REQUEST FOR WAIVER OF FILING FEE FOR FORECLOSURE MEDIATION

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

I, _____, wish to participate in foreclosure mediation, and I am
Name
unable to pay the filing fee due to the circumstances detailed below.

1. (a) Do you have any money? Yes No If yes, how much? \$ _____ Where? _____
Savings Account Bank's Name: _____ Acct. No. _____ Balance: \$ _____
Checking Account Bank's Name: _____ Acct. No. _____ Balance: \$ _____
- (b) Are you employed? Yes No If yes, where? _____
How much do you make? \$ _____ Monthly Bi-weekly Weekly
Position _____
- (c) Are you self-employed? Yes No If yes, doing what? _____
How much do you make? \$ _____ Monthly Bi-weekly Weekly
- (d) If you are not working, when did you last work? _____
- (e) Do you own an automobile? Yes No If yes, Make _____ Model _____ and Year _____
Is it paid for? Yes No How much do you owe? \$ _____
To whom? _____
- (f) Does anyone owe you any money? Yes No If yes, how much? \$ _____
From whom? Name: _____ Phone: _____
Address: _____
- (g) Do you own any real estate or a house? Yes No If yes, state the value \$ _____
Is it mortgaged? Yes No If yes, total amount owed \$ _____ Monthly payment \$ _____
- (h) Do you receive any rental income? Yes No If yes, how much \$ _____/month.
- (i) Do you own any personal property (excluding ordinary household furnishings and clothing)?
 Yes No If yes, what is it? _____
- (j) Do you receive money from social security, supplemental security income (SSI), worker's compensation or other disability benefits, public assistance, food stamps, settlements, judgments, trust funds, retirement, annuity or pension payments? Yes No If yes, how much? \$ _____
What is the source? _____
- (k) Do you have any investments? Yes No If yes, what? _____ How much? \$ _____
Interest income \$ _____ Monthly Annual Dividend income \$ _____ Monthly Annual

Case No. _____

(l) Do you owe money to others (e.g. rent, credit card debts, loan payments, etc.)? Yes No

If yes, what? _____ How much? \$ _____ To whom? Name: _____

Address: _____ Phone: _____

(m) If you are married and living with your spouse, state their name: _____

Does your spouse work? Yes No If yes, their annual income \$ _____

Doing what and where? _____

(n) List persons to whom you actually provide support, your relationship to them and the amount you pay in support.

<u>Name of Persons You Support</u>	<u>Relationship</u>	<u>Amount of Support</u>	<u>Frequency</u>
_____	_____	\$ _____	<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly
_____	_____	\$ _____	<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly
_____	_____	\$ _____	<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly

2. Other facts (if any) concerning your inability to pay the filing fee are:

IMPORTANT INFORMATION

If the court does not grant your request for a fee waiver or fee reduction in its entirety, the court shall specify in its order the dollar amount that you must pay and the amount of time, not to exceed ten (10) days, within which you must make payment to the court. If you do not make payment within the time allowed, your request for foreclosure mediation will be stricken.

For these reasons, I request waiver of payment of the filing fee.

I solemnly affirm under the penalties of perjury and upon personal knowledge that the contents of this document are true.

I certify that on _____, a copy of the Request for Waiver of Filing Fee for
Date
Foreclosure Mediation was mailed, postage prepaid, to:

_____	_____
Clerk of Court	Address
_____	_____
Name	Address
_____	_____
Name	Address
_____	_____
Name	Address

_____	_____
Borrower's Signature	Date
_____	_____
Address	
_____	_____
City, State, Zip	
_____	_____
Phone	