

This form contains Restricted Information.



CIRCUIT COURT DISTRICT COURT OF MARYLAND FOR City/County

Located at Court Address Telephone

Case No.

IN THE MATTER OF: Petitioner/Plaintiff vs. Respondent/Defendant

REQUEST FOR WAIVER OF PREPAID COSTS (Md. Rule 1-325)

MDEC counties only: Unless you are filing into a restricted case type (Adoption, Emergency Evaluation, Extreme Risk Protective Order (ERPO), Guardianship, Juvenile, Gender Declaration), you must file a Notice Regarding Restricted Information Pursuant to Rule 20-201.1 (form MDJ-008) with this submission.

I, Name of party, wish to file a complaint, petition, or other documents which I have completed and attached. I am unable to prepay the prepaid costs in this matter because of poverty.

Affidavit of Income

I respectfully submit that:

- 1. There are Number family members living in my household, including myself. (Do not include renters or temporary guests).
2. The total gross household income (before taxes) is \$ total income earned by all persons in the household per WEEK / MONTH / YEAR.
3. The gross household income (before taxes) is from the following sources (list amounts before taxes) per WEEK / MONTH / YEAR:
Wages, Commissions/Bonuses, Social Security/SSI, Retirement Income, Unemployment Insurance, Temporary Cash Assistance, Alimony/Spousal Support, Rent received from tenants, Any Other Income (Do not include food stamps/SNAP)
4. I own the following property. (Do not list your home, one vehicle, and/or personal items in your home):
NONE, Real estate other than principal home, Other vehicles including boats, Bank accounts, Stocks or other securities, Other property (describe)

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5. I owe the following debts:

- NONE
- Credit Card: \_\_\_\_\_ Amount Owed: \$ \_\_\_\_\_ Monthly Payment: \$ \_\_\_\_\_
- Car Loan: \_\_\_\_\_ Amount Owed: \$ \_\_\_\_\_ Monthly Payment: \$ \_\_\_\_\_
- Other Debt: \_\_\_\_\_ Amount Owed: \$ \_\_\_\_\_ Monthly Payment: \$ \_\_\_\_\_

6. Other information to demonstrate my inability to prepay the required costs:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

For these reasons, I request a waiver of the prepaid costs.

I understand that I may have to pay these costs at the end of the case, unless the court grants a final waiver of open costs, and that if I want a final waiver of open costs I must request the waiver at the conclusion of the action in accordance with Maryland Rule 1-325(f)(2)(A).

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

\_\_\_\_\_  
Party Signature

\_\_\_\_\_  
Telephone / Fax

\_\_\_\_\_  
Party Name

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

\_\_\_\_\_  
Address

\_\_\_\_\_  
Date

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

Attorney Certification (To be completed by your lawyer, if you are represented).

I, \_\_\_\_\_, certify that to the best of my knowledge, information, and belief, there is a good ground for this claim, application, or request for process, and it is not interposed for any improper purpose or delay.

Name of Attorney

On behalf of: \_\_\_\_\_  
Name of party

\_\_\_\_\_  
Attorney Signature

\_\_\_\_\_  
Attorney Number

\_\_\_\_\_  
Telephone / Fax

\_\_\_\_\_  
Attorney Name

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

\_\_\_\_\_  
Address

\_\_\_\_\_  
Date

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



CIRCUIT COURT  DISTRICT COURT OF MARYLAND FOR \_\_\_\_\_ City/County

Located at \_\_\_\_\_ Telephone \_\_\_\_\_  
Court Address

Case No. \_\_\_\_\_

IN THE MATTER OF: \_\_\_\_\_ vs. \_\_\_\_\_  
Petitioner/Plaintiff Respondent/Defendant

**ORDER REGARDING REQUEST FOR WAIVER OF PREPAID COSTS**

Upon consideration of the Request for Waiver of Prepaid Costs submitted by \_\_\_\_\_, and any further documentation as required or authorized by Rule 1-325 or other applicable law,

THE COURT FINDS THAT:

The party named above:

- Meets the financial eligibility guidelines of the Maryland Legal Services Corporation.
- Does NOT meet the financial eligibility guidelines.

The party named above:

- Is unable by reason of poverty to pay the prepaid costs.
- Is NOT unable by reason of poverty to pay the prepaid costs.

The claim, appeal, application or request for process

- does not appear, on its face, to be frivolous.
- DOES appear, on its face, to be frivolous.
- Other findings: \_\_\_\_\_

THE COURT ORDERS that the waiver is:

- GRANTED
- DENIED. You have 10 days from the date of this order to pay the costs. If the unwaived costs are not paid in full within 10 days, the pleading or papers filed will be considered withdrawn.

\_\_\_\_\_  
Date Judge ID Number