



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

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

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

**STATEMENT IN SUPPORT OF WAIVER OF PREPAID COSTS BY CLERK  
(Md. Rule 1-325)**

Please be advised that I, \_\_\_\_\_, am representing the  
Name of Attorney  
following person, \_\_\_\_\_ in this matter on behalf of:  
Name of Party

- Maryland Legal Aid
- the Office of the Public Defender
- the following Maryland legal services provider: \_\_\_\_\_  
Name of Organization/Program

That organization receives funding from or has otherwise been approved by the Maryland Legal Services Corporation to provide civil legal services on behalf of low-income persons. My client meets the financial eligibility criteria of the Corporation, and payment of filing fees or other court costs related to this matter is not required under the Prisoner Litigation Act, Maryland Code, Courts Article, §5-1002.

Therefore, in accordance with Maryland Rule 1-325(d), my client is entitled to an automatic waiver of prepaid costs.

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; or

I am representing this client on behalf of the Office of the Public Defender which is required by statute to provide representation in this matter.

On behalf of: \_\_\_\_\_  
Name of Party

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

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

\_\_\_\_\_  
Address

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

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

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

\_\_\_\_\_  
Date