☐ **CIRCUIT COURT** ☐ **DISTRICT COURT OF MARYLAND FOR** _____ City/County

Located at _____ Court Address Case No. _____

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

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

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 _____ Value: $ _____
☐ Other vehicles including boats _____ Value: $ _____
☐ Bank Accounts _____ Balance: $ _____
☐ Stocks or other securities _____ Value: $ _____
☐ Other property (describe): _____ Value: $ _____

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 affirm under the penalties of perjury that what I have said above is 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, _____ (Name of Attorney), 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.

On behalf of: _____ (Name of Party)

Attorney Signature	Telephone / Fax
Attorney Name	E-mail
Address	Date
City, State, Zip	

☐ **CIRCUIT COURT** ☐ **DISTRICT COURT OF MARYLAND FOR** _____
City/County

Located at _____ Case No. _____
Court Address

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,
Name of Party

THE COURT HEREBY 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 HEREBY 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's Signature ID Number

Reset