



CIRCUIT COURT DISTRICT COURT OF MARYLAND FOR _____
City/County

Located at _____ Case No. _____
Court Address

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

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

I, _____, wish to file a complaint, petition, or other documents
Name of Party
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 _____ family members living in my household, including myself. (Do not include
Number
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

.....
CPF ID No.

.....
Telephone / Fax

.....
Attorney Name

.....
E-mail

.....
Address

.....
Date

.....
City, State, Zip