



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 FINAL WAIVER OF OPEN COSTS

I, _____, request that the Court grant a final waiver of open costs. I am unable to pay the final open court fees and costs in this matter because of poverty.

Name of Party

Affidavit of Continuing Eligibility

- This Court waived the prepaid costs in this matter; and:
 There has been no material change in my financial situation since the waiver of prepaid costs was granted.

Affidavit of Income. (Complete this section only if the section above does not apply to you)

I respectfully submit that:

- 1. There are _____ 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 costs:

.....
.....
.....

For these reasons, I request a final waiver of open costs.

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

.....
Attorney Signature

.....
CPF ID No.

.....
Party Name

.....
Attorney Name

.....
Address

.....
Address

.....
City, State, Zip

.....
City, State, Zip

.....
Telephone / Fax

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Telephone / Fax

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E-mail

.....
E-mail

.....
Date

.....
Date

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that on _____, a copy of this Request for Final Waiver of Open
Costs was served by hand delivery mailing first class mail, postage prepaid, to the following parties:

.....
Name

.....
Address

.....
Name

.....
Address

.....
Date

.....
Signature