ALARYLANS			
☐ CIRCUIT COURT	$\Box$ <b>DISTRICT COURT OF M</b>	ARYLAND FOR	City/County
Located at	Court Address	Case No	
IN THE MATTER OF:Petitioner/Plaintiff		Respondent/Defendant	
STATEMENT IN SUF	PPORT OF WAIVER OF PF (Md. Rule 1-325)	REPAID COSTS BY	CLERK
Please be advised that I,	Name of Attorney	Name of Attorney, am representing the in this matter on behalf of:	
	·		
☐ Maryland Legal Aid	Name of Party		
the Office of the Public Def	fender		
☐ the following Maryland leg	al services provider:	Name of Organization/I	Program
Courts Article, §5-1002.	is not required under the Prison that the Maryland Rule 1-325(d), m	-	
I certify that to the best of m claim, application, or request for p	ny knowledge, information, an process, and it is not interposed		-
☐ I am representing this clien statute to provide representation in	nt on behalf of the Office of the this matter.	e Public Defender wh	ich is required by
	On behalf of:	Name of Party	
	Attorney Signature		Attorney Number
	Attorney Name		
	Address		
	City, State, Zip		
	Telephone / Fax		
	E-mail		
	Date		