



CIRCUIT COURT DISTRICT COURT OF MARYLAND FOR _____ City/County

Located at _____ Court Address Case No. _____

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:

- There are _____ family members living in my household, including myself.
Number
(Do not include renters or temporary guests).
- The total gross household income (before taxes) is \$ _____
(total income earned by all persons in the household) per WEEK / MONTH / YEAR.
- 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)* \$ _____
- 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 solemnly affirm under the penalties of perjury that the contents of this document are 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		



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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,

THE COURT 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 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