

**This form contains Restricted Information.**  
**此表格含有受限信息。**



**CIRCUIT COURT**  
**巡回法院**

**DISTRICT COURT OF MARYLAND FOR**  
**马里兰州地区法院**

City/County  
城市/县

Located at \_\_\_\_\_

地址

Court Address  
法院地址

Telephone \_\_\_\_\_

电话

Case No. \_\_\_\_\_

案件编号

IN THE MATTER OF: \_\_\_\_\_

事宜:

Petitioner/Plaintiff  
申请人/原告

VS.

诉

Respondent/Defendant  
被申请人/被告

**REQUEST FOR WAIVER OF COSTS**

**费用免除申请**

**(Md. Rule 1-325)**

**(《马里兰州规则》第 1-325 款)**

Unless you are filing into a restricted case type (Adoption, Emergency Evaluation, Extreme Risk Protective Order (ERPO), Guardianship, Juvenile, Gender Declaration), you must file a Notice Regarding Restricted Information Pursuant to Rule 20-201.1 (form MDJ-008) with this submission.

除非您提交案件为受限类型(收养、紧急评估、极端风险保护令(ERPO)、监护权、少年、性别声明), 否则您必须提交根据受限信息规定第 20-201.1 条(表格 MDJ-008)相关的通知。

I, \_\_\_\_\_, 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.

本人, \_\_\_\_\_ (当事人姓名) 希望提交我已经填写和随附的申诉、请愿或其他文档。我由于贫困无力支付本事项的预付费。

Affidavit of Income

收入宣誓书

I respectfully submit that:

我郑重地声明:

1. There are \_\_\_\_\_ family members living in my household, including myself.

Number  
(Do not include renters or temporary guests).

我的家中共有 \_\_\_\_\_ 名家庭成员(包括本人)。

数字  
(请勿包括房客或临时居住的客人)。

2. The total gross household income (before taxes) is \$ \_\_\_\_\_  
(total income earned by all persons in the household) per WEEK / MONTH / YEAR.

家庭总毛收入(税前)为 \$ \_\_\_\_\_  
(家庭所有成员赚取的总收入) 每 □周/ □月/ □年。

3. The gross household income (before taxes) is from the following sources  
(list amounts before taxes) per WEEK / MONTH / YEAR:

家庭总收入(税前)来自下列来源  
(列出税前数额) 每 □周/ □月/ □年:

Wages.....\$ \_\_\_\_\_

工资

- Commissions/Bonuses.....\$ \_\_\_\_\_  
佣金/奖金
- Social Security/SSI..... \$ \_\_\_\_\_  
社会安全金/补充安全收入 (SSI)
- Retirement Income .....\$ \_\_\_\_\_  
退休金
- Unemployment Insurance.....\$ \_\_\_\_\_  
失业保险
- Temporary Cash Assistance.....\$ \_\_\_\_\_  
临时现金资助
- Alimony/Spousal Support .....\$ \_\_\_\_\_  
赡养费/配偶抚养费
- Rent received from tenants .....\$ \_\_\_\_\_  
房客支付的租金收入
- Any Other Income (Do *not* include food stamps/SNAP) .....\$ \_\_\_\_\_  
任何其他收入 (不包括粮食券/补充营养资助计划/SNAP)

4. I own the following property.

(Do *not* list your home, one vehicle, and/or personal items in your home):

我拥有下列财产。

(请勿列出您的住宅、一辆汽车和/或您家中的个人物品):

NONE

无

- Real estate other than principal home..... Value: \$ \_\_\_\_\_  
除主要住宅外的房地产 价值:
- Other vehicles including boats ..... Value: \$ \_\_\_\_\_  
其他车辆(包括船只) 价值:
- Bank accounts..... Balance: \$ \_\_\_\_\_  
银行账户 余额:
- Stocks or other securities..... Value: \$ \_\_\_\_\_  
股票或其他证券 价值:
- Other property (describe): Value: \$ \_\_\_\_\_  
其他财产(请描述): 价值:

5. I owe the following debts:

我欠有下列债务:

NONE

无

- Credit Card: \_\_\_\_\_ Amount Owed: \$ \_\_\_\_\_ Monthly Payment: \$ \_\_\_\_\_  
信用卡: 欠付数额: 月付款:
- Car Loan: \_\_\_\_\_ Amount Owed: \$ \_\_\_\_\_ Monthly Payment: \$ \_\_\_\_\_  
汽车贷款: 欠付数额: 月付款:
- Other Debt: \_\_\_\_\_ Amount Owed: \$ \_\_\_\_\_ Monthly Payment: \$ \_\_\_\_\_  
其他债务: 欠付数额: 月付款:

6. Other information to demonstrate my inability to prepay the required costs:

证明我无力预付所需费用的其他信息:

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For these reasons,  
基于上述理由:

I request waiver of the prepaid costs;  
我申请免除预付费;

I do not anticipate a material change in the information provided in this request and request final waiver of open costs at the conclusion of the action.  
我预计本申请中提供的信息不会发生重大变化, 因此申请在诉讼结束后最终免除未结费用。

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. If I haven't asked for a waiver of open costs in this request form I may request the waiver at the conclusion of the action in a separate form.

我理解, 除非法院最终免除未结费用, 否则我必须在结案后支付未结费用。如果我没有在本申请表中申请免除未结费用, 我可以在诉讼结束后另外使用一份表格申请予以免除。

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.

本人郑重确认据本人所知所信, 此文件内容真实。如有不实甘受伪证罪之罚。

\_\_\_\_\_  
Party Signature  
当事方签名

\_\_\_\_\_  
Telephone / Fax  
电话/传真

\_\_\_\_\_  
Party Name  
当事方姓名

\_\_\_\_\_  
E-mail  
电子邮件

\_\_\_\_\_  
Address  
地址

\_\_\_\_\_  
Date  
日期

\_\_\_\_\_  
City, State, Zip  
城市、州、邮政编码

Attorney Certification (To be completed by your lawyer, if you are represented).

律师认证(如果您有律师代理, 由您的律师填写)。

I, \_\_\_\_\_, 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.

本人 \_\_\_\_\_, 证明, 据我所知所信, 本索赔、申请或办理请求有充足的理由, 并非因任何不适当的目的或延期而提出。

On behalf of: \_\_\_\_\_  
Name of party  
代理: 当事人姓名

\_\_\_\_\_  
Attorney Signature  
律师签名

\_\_\_\_\_  
Attorney Number  
律师编号

\_\_\_\_\_  
Telephone / Fax  
电话/传真

Case No. \_\_\_\_\_  
案件编号 \_\_\_\_\_

\_\_\_\_\_  
Attorney Name  
律师姓名

\_\_\_\_\_  
E-mail  
电子邮件

\_\_\_\_\_  
Address  
地址

\_\_\_\_\_  
Date  
日期

\_\_\_\_\_  
City, State, Zip  
城市、州、邮政编码



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事宜: \_\_\_\_\_  
Petitioner/Plaintiff  
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VS. \_\_\_\_\_  
诉 \_\_\_\_\_  
Respondent/Defendant  
被申请人/被告

**ORDER REGARDING REQUEST FOR WAIVER OF PREPAID COSTS**  
**关于免除预付费用申请的命令**

Upon consideration of the Request for Waiver of Prepaid Costs submitted by \_\_\_\_\_, and any further documentation as required or authorized by \_\_\_\_\_,  
Name of party  
Rule 1-325 or other applicable law,

考虑到 \_\_\_\_\_ 提交的《免除预付费用申请》以及《规则 1-325》或其他适用法律要求或批准的任何其他文件,  
当事人姓名

THE COURT FINDS THAT:  
法院判决:

The party named above:  
姓名如上的当事人:

Meets the financial eligibility guidelines of the Maryland Legal Services Corporation.  
满足马里兰州法律服务公司的财务资格指导原则。

Does NOT meet the financial eligibility guidelines.  
未满足财务资格指南要求。

The party named above:  
姓名如上所述的当事人:

Is unable by reason of poverty to pay the prepaid costs.  
因贫穷而无法支付预付费用。

Is NOT unable by reason of poverty to pay the prepaid costs.  
没有因贫穷而无法支付预付费用。

The claim, appeal, application or request for process  
索赔、上诉、申请或流程申请

does not appear, on its face, to be frivolous.  
从表面上看并不是不需要的。

DOES appear, on its face, to be frivolous.  
从表面上看是不需要的。

Other findings: \_\_\_\_\_  
其他判决:

THE COURT ORDERS that the waiver is:

法院命令, 免除得到:

GRANTED

批准

GRANTED in part and the plaintiff/petitioner shall prepay the following portion of the filing fee:

\$ \_\_\_\_\_ by \_\_\_\_\_  
Date

批准部分申请, 且原告/申请人应预付以下部分的申请费:

\$ \_\_\_\_\_, 截止日期 \_\_\_\_\_。  
日期

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.

拒绝。您自此命令之日起有 10 天时间支付费用。如果未免除的费用未在 10 天内全额付清, 所提交的请求或文件将被视为撤回。

Date  
日期

Judge's  
法官

ID Number  
ID 编号