

This form contains Restricted Information.



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

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

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

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.
Number
(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 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

Party Name

Address

City, State, Zip

Telephone

Fax

E-mail

Date

Attorney Signature CPF ID No.

Attorney Name

Address

City, State, Zip

Telephone

Fax

E-mail

Date

CERTIFICATE OF SERVICE

I certify that I served a copy of this Request for Final Waiver of Open Costs, upon the following party or parties by mailing first class mail, postage prepaid hand delivery, on _____ Date to:

Name

Name

Date

Address

City, State, Zip

Address

City, State, Zip

Signature of Party Serving



CIRCUIT COURT DISTRICT COURT OF MARYLAND FOR _____ City/County

Located at _____ Court Address Case No. _____

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

ORDER REGARDING REQUEST FOR FINAL WAIVER OF OPEN COSTS

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

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 costs.
- Is NOT unable by reason of poverty to pay the costs.
- Other findings: _____

THE COURT ORDERS that the waiver is:

- GRANTED
- DENIED

Date Judge's Signature ID Number