This	form contains Restricted Information.			
MARYL	🖔 🗆 CIRCUIT COURT 🗆 DISTRICT COURT OF MAI			
iĝi	Located atCourt Address	Cray/County		
CDICIA	Court Address	Case No.		
IN TH	E MATTER OF: vs. Petitioner/Plaintiff			
	Petitioner/Plaintiff	Respondent/Defendant		
REQUEST FOR WAIVER OF PREPAID COSTS FOR ASSEMBLING THE RECORD FOR AN APPEAL 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.				
Ι,	Name of Party, , request that the trial	court grant a waiver of prepaid		
	or assembling the record. I am unable to prepay the prepaid cos			
	vit of Continuing Eligibility	. ,		
	The Office of the Public Defender	and am financially eligible for their		
	The Maryland Legal Services Corporation funds or has other provide civil legal services on behalf of low-income persons;	wise approved that organization to		
□ The	ere has been no material change in my financial situation since	the waiver of prepaid costs was granted.		
Affida	vit of Income. (Complete this section only if the section above of	does not apply to you)		
I respe	ectfully submit that:			
1.	There are family members living in my househ (Do not include renters or temporary guests).	old, including myself.		
2.	The total gross household income (before taxes) is \$			
	(total income earned by all persons in the household) per			
3.	The gross household income (before taxes) is from the follow (list amounts before taxes) per \square WEEK \square MONTH \square YE	E		
	□ Wages	\$		
	☐ Commissions/Bonuses	\$		
	☐ Social Security/SSI	\$		
	☐ Retirement Income	\$		
	☐ Unemployment Insurance	\$		
	☐ Temporary Cash Assistance	\$		
	☐ Alimony/Spousal Support			
	☐ Rent received from tenants			
	\square Any Other Income (Do <u>not</u> include food stamps/SNAP)	\$		

4. I own the following property. (Do <u>not</u> list your home, one ve	hicle, and/or personal items i	n your home):		
□ NONE	-11	1 7.1 •		
		Value: \$		
		Balance: \$		
		Value: \$		
5. I owe the following debts:☐ NONE				
	Amount Owed: \$	Monthly Payment: \$		
		Monthly Payment: \$		
		Monthly Payment: \$		
6. Other information to demonstr		• •		
waiver of open costs, and that if I want conclusion of the action.	a final waiver of open costs	case, unless the court grants a final I must request the waiver at the as of this document are true to the best		
Party Name				
-	Fax			
Address	E-mail			
City, State, Zip	Date			
Attorney Certification (To be complete		•		
I, Name of Attorney	, certify that to the	ne best of my knowledge, information,		
and belief, there is good ground to sup delay.	port the appeal, and it is not is	nterposed for any improper purpose or		
Attorney Signature Attorney	Number Telephone			
Attorney Name	Fax			
Address	E-mail			
City, State, Zip	Date			
CC-DC-091 (Rev. 07/2021)	Page 2 of 3	WPCRA		

RICT COURT OF MARY	LAND FOR	City/County
		City/County
Court Address	Case No	
•		
=		
, and	any further documen	tation as required or
applicable law,		
eived a waiver of prepaid co	osts in accordance w	ith Rule 1-325(d), will
•		•
eived a waiver of prepaid co	osts in accordance w	ith Rule 1-325(e), and
		, ,
ibility guidelines of the Ma	ryland Legal Service	es Corporation.
ancial eligibility guidelines		
overty to pay the costs.		
on of poverty to pay the prep	paid costs.	
ne waiver is:		
osts associated with assemb	ling the record are he	ereby waived.
	•	•
s from the date of this order	r to pay the easts ass	agiated with aggambling
	1 2	•
Judge's Signat	ure	ID Number
	Court Address EGARDING REQUEST OSTS FOR ASSEMBI Lest for Waiver of Prepaid Lest a waiver of prepaid color and that the part Lest a waiver of prepaid color change in the party's finance Even a waiver of prepaid color change in the party's finance Even a waiver of the Manacial eligibility guidelines Even a waiver to pay the costs. In of poverty to pay the prepaid Lest a sesociated with assemble includes a waiver of the color of the color of the color of the date of this order costs are not paid in full waited.	eived a waiver of prepaid costs in accordance well by an eligible attorney under that section, and meritorious and that the party remains eligible for 5(d). Eived a waiver of prepaid costs in accordance we change in the party's financial situation since the distribution of the Maryland Legal Service ancial eligibility guidelines. Every to pay the costs. In of poverty to pay the prepaid costs.