

This form contains Restricted Information.



COURT OF APPEALS COURT OF SPECIAL APPEALS
 CIRCUIT COURT FOR _____

City/County

Located at _____

Court Address

District/Circuit Court Case No. _____

Appellate Court Case No. _____

IN THE MATTER OF: _____

vs. _____

Appellant

Appellee

**REQUEST FOR WAIVER OF PREPAID APPELLATE COSTS
(Md. Rule 1-325.1)**

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 appellate court grant a waiver of prepaid appellate costs. I am unable to prepay the prepaid appellate costs in this matter because of poverty.

Name of party

Affidavit of Continuing Eligibility

- The trial court waived the prepaid costs in this matter pursuant to Rule 1-325(d) or (e); and:
 - I will be represented by the following organization on appeal and am financially eligible for their services (*Attorney signature required below*):
 - Maryland Legal Aid
 - The Office of the Public Defender
 - A lawyer through Maryland legal services provider _____

Name of organization/program

The Maryland Legal Services Corporation funds or has otherwise approved that organization to provide civil legal services on behalf of low-income persons; and/or

- 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.
(Do not include ^{Number}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 pay the costs:

For these reasons, I request the appellate court grant a waiver of prepaid appellate 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.

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

Party Name

Fax

Address

E-mail

City, State, Zip

Date

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

I, _____, certify that to the best of my knowledge, information, and belief, there is good ground to support the appeal, and it is not interposed for any improper purpose or delay.

Name of Attorney

Attorney Signature

CPF ID No.

Telephone

Attorney Name

Fax

Address

E-mail

City, State, Zip

Date

CERTIFICATE OF SERVICE

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

Name

Address

City, State, Zip

Name

Address

City, State, Zip

Date

Signature of Party Serving



COURT OF APPEALS COURT OF SPECIAL APPEALS
 CIRCUIT COURT FOR _____

City/County

Located at _____

Court Address

District/Circuit Court Case No. _____ Appellate Court Case No. _____

IN THE MATTER OF: _____ vs. _____
Appellant Appellee

ORDER REGARDING REQUEST FOR WAIVER OF PREPAID APPELLATE COSTS

Upon consideration of the Request for Waiver of Prepaid Appellate Costs submitted by

_____, and any further documentation as required or authorized by
Name of party

Rule 1-325 or other applicable law,

THE COURT FINDS THAT:

- The party named above received a waiver of prepaid costs in the lower court in accordance with Rule 1-325(d), will be represented in the appeal by an eligible attorney under that section, and the attorney has certified that the appeal is meritorious and that the party remains eligible for representation in accordance with Rule 1-325(d).
- The party named above received a waiver of prepaid costs in accordance with Rule 1-325(e), and there has been no material change in the party's financial situation since the waiver was granted.
- The lower court has granted a waiver of prepaid appellate costs associated with assembling the record.

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 prepay the costs
- Is NOT unable by reason of poverty to pay the prepaid costs.

Other findings: _____

THE COURT ORDERS that the waiver is:

- GRANTED. The prepaid costs associated with the appellate court are hereby waived.
- DENIED. You have 10 days from the date of this order to pay the prepaid appellate costs. If the unwaived prepaid costs are not paid in full within 10 days, the court shall enter an order dismissing the appeal.

Date

Judge's Signature

ID Number