\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \* IN

Plaintiff \* THE

 \* CIRCUIT COURT

vs. \* FOR

 \* HOWARD COUNTY

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \* Case No. 13-C-**\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Defendant \*

\* \* \* \* \* \* \* \* \* \* \* \* \*

**Request for Fee Waiver/or *Pro Bono* Mediation**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, PLAINTIFF/DEFENDANT state that pleadings have been filed in this case which raise the issue (s) of child custody, visitation and/or property. I am currently unable to pay any fees for mediation because of poverty.

The answers to the following questions are:

1. Are you employed? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What is your salary (per hour and yearly)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Are you self-employed (include your salary)? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. How much money do you have in your bank account or in investments? \_\_\_\_\_\_\_\_\_\_\_
3. Do you own any real estate (include the value and address)? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. Do you own an automobile (include the make and the year)? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
5. Do you receive money from any other source, including disability benefits, social security, etc.?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
6. How many people live in your household (minors and adults)? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
7. If anyone else contributes to your daily living expenses (rent, food, car), please list their names and relationship to you: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
8. Do you owe any money to others? \_\_\_\_\_\_\_\_ How much? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
9. Do you receive any money from any other source, including disability benefits, investments? \_\_\_\_\_\_\_\_\_\_\_If so, how much\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
10. If married, give the name and address of your wife/husband \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your spouse work? \_\_\_\_\_\_\_

At what rate of pay?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other Information: I would like the Court to know the following additional information in considering my request for a fee waiver \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

WHEREFORE, I respectfully request that the Court waive the fees listed above and grant such other and further relief as this Court deems proper and just. I do solemnly declare and affirm under the penalties of perjury that the contents of the foregoing document are true and correct.

 \_

Date Signature

**CERTIFICATE OF SERVICE**

I hereby certify that on the day of , 20 a copy of this Request for Fee Waiver was mailed, first postage prepaid, to:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Opposing Party or His/Her Attorney

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City/State/Zip

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Signature

**Mail, E-mail or Fax this Request and a current paystub directly to:**

**The Family Law Office - Howard County Circuit Court**

**8360 Court Avenue**

**Ellicott City, MD 21043**

**Fax: (410) 313-2413**

**Karin.Wilson@mdcourts.gov**