

This form contains Restricted Information.



☐ CIRCUIT COURT ☐ DISTRICT COURT OF MARYLAND FOR _____ City/County

Located at _____ Telephone _____
Court Address

Case No. _____

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

**REQUEST FOR WAIVER OF PREPAID COSTS FOR
ASSEMBLING THE RECORD FOR AN APPEAL
(Md. Rule 1-325.1(c)(1)(C))**

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.

I, _____, request that the trial court grant a waiver of prepaid
Name of Party
costs for assembling the record. I am unable to prepay the prepaid costs in this matter because of poverty.

Affidavit of Continuing Eligibility

- ☐ 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 court granted a waiver of prepaid costs under Rule 1-325.

Affidavit of Income. (Complete this section only if the section above does not apply to you)

I respectfully submit that:

- There are _____ family members living in my household, including myself.
Number
(Do not include renters or temporary guests).
- The total gross household income (before taxes) is \$ _____
(total income earned by all persons in the household) per ☐ WEEK ☐ MONTH ☐ YEAR.
- 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) \$ _____
- 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: \$ _____

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- ☐ 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 the above reasons, I request the trial court grant a waiver of prepaid costs associated with assembling the record. I understand that I may request a waiver of any open costs at the conclusion of the action in a separate form (Form CC-DC-090).

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, _____, ^{Name of Attorney} 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.

Attorney Signature _____	Attorney Number _____	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 Prepaid of Costs for Assembling the Record for an Appeal, upon the following party or parties by ☐ mailing first-class mail, postage prepaid ☐ hand delivery,

on _____ to:
Date

_____ Name	_____ Address
_____ Name	_____ City, State, Zip
_____ Date	_____ Address
	_____ City, State, Zip
	_____ Signature of Party Serving



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City/County

Located at _____ Telephone _____
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Case No. _____

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

ORDER REGARDING REQUEST FOR WAIVER OF PREPAID COSTS FOR ASSEMBLING THE RECORD

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

THE COURT FINDS THAT:

- ☐ The party named above received a waiver of prepaid costs 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)(1), and there has been no material change in the party's financial situation since the waiver was granted.

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 prepaid costs.
☐ Other findings: _____

THE COURT ORDERS that the waiver is:

- ☐ GRANTED. The prepaid costs associated with assembling the record are hereby waived.
☐ In the District Court, this includes a waiver of the costs of preparing a transcript, if required by Rule 7-113.
☐ DENIED. You have 10 days from the date of this order to pay the costs associated with assembling the record. If the unwaived costs are not paid in full within 10 days, the appeal will be considered withdrawn.

Date Judge ID Number