

CHECKLIST

DID YOU REMEMBER TO INCLUDE AT LEAST TWO OF THE FOLLOWING?

- Two recent pay stubs
- Self-employed federal income tax return
- Proof of unemployment
- Child Support Court Order NOT involved in this case
- Court Ordered Alimony
- Proof of childcare/daycare
- Statement signed by landlord that you do not pay rent
- Copy of rental agreement
- Mortgage statement
- Copies of most recent credit card statements
- Proof of public assistance

DID YOU REMEMBER TO?

- Sign the waiver on pages 1, 3 and 4
- Notarize the form
- Mail or give a copy of everything to the other party (Certificate of Service)
- Make a copy for yourself

(This page does not need to be filed with the court. This is for informational purposes only)

VERY IMPORTANT

Please make sure you fill in an answer for EVERY paragraph/question on the Motion for Waiver of Family Services Fees Supporting Affidavit. If a particular paragraph/question does not apply to you, please write in "does not apply" or "N/A" in the space provided. Any Motion for Waiver of Family Services Fees Supporting Affidavit filed that is not complete, may result in a denial by the Court.

PLAINTIFF	*	IN THE CIRCUIT COURT
v.	*	FOR WICOMICO COUNTY
DEFENDANT	*	STATE OF MARYLAND
		CIVIL CASE NO. _____

**MOTION FOR WAIVER OF FAMILY SERVICES FEES
AND SUPPORTING AFFIDAVIT**

I, _____ representing myself, state that:

1. I am a party in this matter and have been ordered by the Circuit Court for Wicomico County, Maryland to participate in or pay for the following services for which a fee has been assessed:

<u>SERVICE</u>	<u>FEE WHICH I HAVE TO PAY</u>
<input type="checkbox"/> Co-Parenting Education	\$ _____
<input type="checkbox"/> Custody/Visitation Mediation	\$ _____
<input type="checkbox"/> Other Mediation	\$ _____
<input type="checkbox"/> Custody Evaluation / Home Study	\$ _____
<input type="checkbox"/> Mental Health Evaluation	\$ _____
<input type="checkbox"/> Supervised Visitation Services	\$ _____
<input type="checkbox"/> Substance Abuse Evaluation/Testing	\$ _____
<input type="checkbox"/> Counsel For A Minor Child (Initial Deposit)	\$ _____
<input type="checkbox"/> Other: Future Child Counsel Fees (Amount Unknown At The Time)	\$ _____
<input type="checkbox"/> Other: _____	\$ _____

2. I do not have sufficient funds or assets which could be used to pay the fees above.

3. The attached affidavit is incorporated herein.

WHEREFORE, I respectfully request that this Court waive the fees listed above and grant such other and further relief as this Court deems proper and just.

Respectfully submitted,

Sign Your Name Here

AFFIDAVIT

I represent to the Court that the following statements and answers to the following questions are true:

I hereby certify that:

1. I have the following amount of money in my bank accounts, investments or personal possession: \$ _____

2. Information About Automobiles. *(Check all that apply).*

I do not own an automobile.

I own the following automobiles:

Make: _____ Model: _____ Year: _____

Make: _____ Model: _____ Year: _____

The car(s) IS in my possession.

The car(s) IS NOT in my possession. It is: _____

I owe \$ _____ on the car to (Lender).

3. Information About Other Vehicles. I own the following other vehicles (boats, cars, trucks, recreational vehicles, motorcycles, etc.)

 I owe the following amount on those vehicles: \$ _____

4. Real Estate. I own the following real estate *(List type and location):*

5. Other Property. I own the following additional property *(List type and location):*

6. Debts I Owe. I owe the following debts:

\$ _____ To: _____

\$ _____ To: _____

\$ _____ To: _____

7. Money Owed to Me. The following owe me money:

Who: _____ Address: _____ Amount: \$ _____

Who: _____ Address: _____ Amount: \$ _____

8. Employment Income.

A. Name of Employer:

B. Job Position:

C. How often are you paid?

D. Gross pay each pay period:

9. Other Family Income. I or a member of my household also receive the following additional income PER MONTH (*Include ALL income earned by yourself, in addition to that listed in Paragraph 8, or income which is received by any other member of your household*):_____

10. Household Size. The total number of persons residing in my household is _____ including my spouse or partner, children who reside with us, extended family members or other residents.

11. Expenses.

Child Support. I pay child support for _____ children. The total amount of child support which I pay each month is: \$ _____.

Alimony. I pay \$ _____ in alimony each month.

Other Extraordinary Expenses. I have the following additional extraordinary expenses (*please explain*):

12. Other Information. I would like the Court to know the following additional information in considering my request for a family services fee waiver:

I DO SOLEMNLY DECLARE AND AFFIRM UNDER THE PENALTIES OF PERJURY THAT THE CONTENTS OF THE FOREGOING DOCUMENT ARE TRUE AND CORRECT.

Notary Public

Sign Your Name Here in the Presence of a Notary Public

Date: _____

Date: _____

Date Commission Expires: _____

CERTIFICATE OF SERVICE

I hereby certify that on the _____ day of _____, 2024, I mailed a copy of this Motion for Waiver of Family Services Fees and Supporting Affidavit to the following by ordinary U.S. Mail, postage prepaid:

Name of Opposing Party or their Counsel

Address

City, State, Zip

Sign Your Name Here