

**WORCESTER COUNTY CIRCUIT COURT**

**INSTRUCTIONS FOR FILING YOUR REQUEST FOR WAIVER OF FAMILY SERVICES FEES**

**CHECKLIST**

**PROOF OF INCOME: YOU MUST ATTACH AT LEAST ONE OF THE FOLLOWING TO YOUR REQUEST FOR WAIVER OF FAMILY SERVICES FEES.**

- Copy of most recent pay stub
- Copy of previous years Federal Income Tax Return
- Proof of unemployment
- Proof of public assistance (Includes SSI, etc.)

**PLEASE NOTE: Any document that contains financial information is considered “Restricted Information” under MD. RULE 20-201.1. Any Document that has Restricted Financial Information in it requires the attachment of the “Notice Regarding Restricted Information”. (These forms are included for your convenience)**

**DID YOU REMEMBER TO?**

- Sign the Motion/Request Form on pages 1 and 3
- Have the Motion/Request form Notarized on page 3
- Complete the Certificate of Service section of the form on page 4
- Sign and Attach the Notice of Restricted Information form to the Motion
- Sign and Attach the Notice of Restricted Information form to your proof of Income
- Mail or give a copy of what you are going to file to the other party
- Make a copy for yourself

**\*Failure to fill out the entire Motion or failure to include the required Notices of Restricted Information may result in your filing being rejected and returned to you.**



COURT OF APPEALS  COURT OF SPECIAL APPEALS

**CIRCUIT COURT**  DISTRICT COURT OF MARYLAND FOR Worcester County  
City/County

Located at ONE W. MARKET STREET, SNOW HILL, MARYLAND 21863  
Court Address

STATE OF MARYLAND  
OR  
Case No. \_\_\_\_\_

\_\_\_\_\_  
Plaintiff/Petitioner

vs.

\_\_\_\_\_  
Defendant/Respondent

**NOTICE REGARDING RESTRICTED INFORMATION PURSUANT TO RULE 20-201.1**

Please **DO NOT** use this form to file into the following case types: Adoption, Emergency Evaluation, Extreme Risk Protective Order (ERPO), Guardianship, Juvenile. By either rule or statute these case types are not subject to inspection. Therefore, no confidentiality form is necessary.

Title of confidential submission: MOTION FOR WAIVER OF FAMILY SERVICES FEES

**1. RESTRICTED DOCUMENT - The entire document is not subject to inspection.**

- Child Abuse/Neglect:** record created by an agency concerning child abuse or neglect required by statute to be kept confidential. *Rule 16-914(d); Family Law Article, § 5-707; Human Services, § 1-202 and § 1-203*
- Financial Information:** information about the finances of an individual, including assets, income, liabilities, net worth, bank balances, financial history or activities, or creditworthiness. *General Provisions Article, § 4-336*
- Financial Statement:** filed pursuant to Rule 9-202, a Child Support Guidelines Worksheet filed pursuant to Rule 9-206, or a Joint Statement of Marital and Non-marital Property filed pursuant to Rule 9-207. *Rule 16-914(l)*
- Hearing Closed to the Public:** recording/transcript of hearing closed to the public. *Rule 16-914(g)*
- Marital Property:** Joint Statement of Marital and Non-Marital Property. *Rule 16-914(l)*
- Marriage License Application:** until the effective date of the license. *Rule 16-912(c)*
- Medical Report:** or other correspondence from a doctor or health care professional. *Rule 16-914(i)*
- Parenting Plan/Joint Statement:** prepared and filed under Rules 9-204.1 and 9-204.2. *Rule 16-914(o)*
- Peace Order Denied/Dismissed/Consented - Shielded:** case records shielded under Courts Article § 3-1510(b). *Rule 16-914(c)*
- Pregnancy - Marriage License Application:** certification of pregnancy of a person under 18 from doctor or nurse practitioner in an application for a marriage license. *Rule 16-912(c)*
- Presentence Investigation Report:** (confidential until entered into evidence) *Rule 16-914(f)(6)*
- Protective Order Case:** petition is sealed until the earlier of service or denial of the petition. *Rule 16-914(b)*
- Protective Order Denied/Dismissed/Consented - Shielded:** case records shielded under FL Article § 4-512(b)(2). *Rule 16-914(c)*
- Refusal to Testify:** case record maintained under Code, Courts Article, § 9-106 of the refusal of an individual to testify in a criminal action against the individual's spouse. *Rule 16-914(f)(5)*
- Sealed or Shielded:** (entire document) by court order. *Rule 16-934 & 16-914(k)(1)*
- Sealing or Shielding Motion:** while pending, but not to exceed five (5) business days. *Rule 16-934 & 16-914(k)(2)*
- Tax Returns:** state and federal tax returns. *Rule 16-914(j)*
- Other:** \_\_\_\_\_ Rule or Statute: \_\_\_\_\_

**DOCUMENT FROM A CONFIDENTIAL CASE TYPE FILED INTO A NON-CONFIDENTIAL CASE TYPE.**

Confidential Case type:  Child adoption  Emergency Evaluation  ERPO  Guardianship of a child  
 Juvenile Court case record  Other: (explain) \_\_\_\_\_

**2. CONFIDENTIAL INFORMATION - The document itself is subject to public inspection but contains confidential information that is not open to public inspection.**

That information consists of \_\_\_\_\_  
(Give a description of the information and not the actual restricted information.)

The information is made confidential by Rule(s) \_\_\_\_\_ or by court order dated \_\_\_\_\_

Pursuant to Rules 20-201.1 and 1-322.1, accompanying the document is a redacted version that does not contain the confidential information.

✓ \_\_\_\_\_  
Date

\_\_\_\_\_

Fax

\_\_\_\_\_

Telephone Number

\_\_\_\_\_

E-mail

✓ \_\_\_\_\_  
Signature

\_\_\_\_\_

Printed Name

\_\_\_\_\_

Address

\_\_\_\_\_

City, State, Zip



COURT OF APPEALS  COURT OF SPECIAL APPEALS

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City/County

Located at One W. Market Street, Snow Hill, Maryland 21863

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OR

vs.

Defendant/Respondent

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Title of confidential submission: Proof of Income and/or Proof of Public Assistance Benefits

1. **RESTRICTED DOCUMENT - The entire document is not subject to inspection.**

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- Financial Information:** information about the finances of an individual, including assets, income, liabilities, net worth, bank balances, financial history or activities, or creditworthiness. *General Provisions Article, § 4-336*
- Financial Statement:** filed pursuant to Rule 9-202, a Child Support Guidelines Worksheet filed pursuant to Rule 9-206, or a Joint Statement of Marital and Non-marital Property filed pursuant to Rule 9-207. *Rule 16-914(l)*
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(Give a description of the information and not the actual restricted information.)

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Pursuant to Rules 20-201.1 and 1-322.1, accompanying the document is a redacted version that does not contain the confidential information.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Fax

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
E-mail

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
CPF ID No.

CONTAINS RESTRICTED  
INFORMATION

REVISED: 4/9/2007

Plaintiff	*	IN THE
v.	*	CIRCUIT COURT
Defendant	*	FOR
	*	_____
	*	Civil 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 \_\_\_\_\_, 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>
[ ] co-parenting education	\$
[ ] custody/visitation mediation	\$
[ ] other mediation	\$
[ ] custody evaluation / home study	\$
[ ] mental health evaluation	\$
[ ] visitation services	\$
[ ] anger management counseling	\$
[ ] counsel for a minor child (Initial Deposit)	\$
[ ] Other: Future Child Counsel Fees (Amount Unknown at this time)	\$
[ ] 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:  
\$ \_\_\_\_\_ To:

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

Who: \_\_\_\_\_ Address: \_\_\_\_\_ Amount: \$ \_\_\_\_\_  
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 Commission Expires:

Date

**CERTIFICATE OF SERVICE**

I hereby certify that on the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, 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