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 COSTS
(Md. Rule 1-325)

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, _____, wish to file a complaint, petition, or other documents
Name of party
which I have completed and attached. I am unable to prepay the prepaid costs in this matter because of poverty.

Affidavit of Income

I respectfully submit that:

1. There are _____ family members living in my household, including myself.
   Number
   (Do not include 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 <u>not</u> include food stamps/SNAP)* ..... $ _____
4. I own the following property.
   (Do <u>not</u> 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: $ _____

Case No. _____

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 prepay the required costs:

_____

_____

_____

For these reasons:

☐ I request a waiver of the prepaid costs;

☐ I do not anticipate a material change in the information provided in this request and request a final waiver of open costs at the conclusion of the action.

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. If I haven't asked for a waiver of open costs in this request form I may request the waiver at the conclusion of the action in a separate form.

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 / Fax
Party Name	E-mail
Address	Date
City, State, Zip	

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

I, _____, certify that to the best of my knowledge, information,
Name of Attorney
and belief, there is a good ground for this claim, application, or request for process, and it is not interposed for any improper purpose or delay.

On behalf of: _____
Name of party

Attorney Signature	Attorney Number	Telephone / Fax
Attorney Name		E-mail
Address		Date
City, State, Zip		

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

Located at _____ Court Address Telephone _____

Case No. _____

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

ORDER REGARDING REQUEST FOR WAIVER OF PREPAID COSTS

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

THE COURT FINDS THAT:

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 prepaid costs.

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

The claim, appeal, application or request for process:

☐ Does NOT appear, on its face, to be frivolous.

☐ Does appear, on its face, to be frivolous.

☐ Other findings: _____

_____

THE COURT ORDERS that the waiver is:

☐ GRANTED

☐ GRANTED in part and the plaintiff/petitioner shall prepay the following portion of the filing fee:

$_____ by _____ Date.

☐ DENIED. You have 10 days from the date of this order to pay the costs. If the unwaived costs are not paid in full within 10 days, the pleading or papers filed will be considered withdrawn.

_____ Date _____ Judge _____ ID Number

Reset

OWPCG; OPCGS; OWPPG; OWPPS; OWPCD; OPCDS