

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 FINAL WAIVER OF OPEN 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, _____, request that the court grant a final waiver of open costs.
Name of party

I am unable to pay the final open court fees and costs in this matter because of poverty.

Affidavit of Continuing Eligibility

- This court waived the prepaid costs in this matter; and:
- There has been no material change in my financial situation since the waiver of prepaid costs was granted.

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

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 not include food stamps/SNAP) \$ _____
4. 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: \$ _____
 - 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 costs:

For these reasons, I request a final waiver of open costs.

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

CERTIFICATE OF SERVICE

I certify that I served a copy of this Request for Final Waiver of Open Costs, upon the following party or parties by mailing first-class mail, postage prepaid hand delivery, on _____ Date to:

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



CIRCUIT COURT DISTRICT COURT OF MARYLAND FOR _____
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IN THE MATTER OF: _____ vs. _____
Petitioner/Plaintiff Respondent/Defendant

ORDER REGARDING REQUEST FOR FINAL WAIVER OF OPEN COSTS

Upon consideration of the Request for Final Waiver of Costs submitted by

_____, and any further documentation as required or authorized by
Name of party
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 costs.
- Is NOT unable by reason of poverty to pay the costs.

Other findings: _____

THE COURT ORDERS that the waiver is:

- GRANTED
- DENIED

Date Judge ID Number