

**This form contains Restricted Information.**



**CIRCUIT COURT FOR** \_\_\_\_\_, **MARYLAND**  
City/County

Located at \_\_\_\_\_ **Case No.** \_\_\_\_\_  
Court Address

Plaintiff \_\_\_\_\_ vs. Defendant \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

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

**REQUEST FOR WAIVER OF FILING FEE FOR FORECLOSURE MEDIATION**

**You must file a Notice Regarding Restricted Information Pursuant to Rule 20-201.1 (form MDJ-008) with this submission.**

**I, \_\_\_\_\_, wish to participate in foreclosure mediation, and I am**  
Name

**unable to pay the filing fee due to the circumstances detailed below.**

- 1. (a) Do you have any money?  Yes  No If yes, how much? \$ \_\_\_\_\_ Where? \_\_\_\_\_  
Savings Account Bank's Name: \_\_\_\_\_ Acct. No. \_\_\_\_\_ Balance: \$ \_\_\_\_\_  
Checking Account Bank's Name: \_\_\_\_\_ Acct. No. \_\_\_\_\_ Balance: \$ \_\_\_\_\_
- (b) Are you employed?  Yes  No If yes, where? \_\_\_\_\_  
How much do you make? \$ \_\_\_\_\_  Monthly  Bi-weekly  Weekly  
Position \_\_\_\_\_
- (c) Are you self-employed?  Yes  No If yes, doing what? \_\_\_\_\_  
How much do you make? \$ \_\_\_\_\_  Monthly  Bi-weekly  Weekly
- (d) If you are not working, when did you last work? \_\_\_\_\_
- (e) Do you own an automobile?  Yes  No If yes, Make \_\_\_\_\_ Model \_\_\_\_\_ and Year \_\_\_\_\_  
Is it paid for?  Yes  No How much do you owe? \$ \_\_\_\_\_  
To whom? \_\_\_\_\_
- (f) Does anyone owe you any money?  Yes  No If yes, how much? \$ \_\_\_\_\_  
From whom? Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_
- (g) Do you own any real estate or a house?  Yes  No If yes, state the value \$ \_\_\_\_\_  
Is it mortgaged?  Yes  No If yes, total amount owed \$ \_\_\_\_\_ Monthly payment \$ \_\_\_\_\_
- (h) Do you receive any rental income?  Yes  No If yes, how much \$ \_\_\_\_\_/month.
- (i) Do you own any personal property (excluding ordinary household furnishings and clothing)?  
 Yes  No If yes, what is it? \_\_\_\_\_
- (j) Do you receive money from social security, supplemental security income (SSI), worker's compensation or other disability benefits, public assistance, food stamps, settlements, judgments, trust funds, retirement, annuity, or pension payments?  Yes  No If yes, how much? \$ \_\_\_\_\_  
What is the source? \_\_\_\_\_
- (k) Do you have any investments?  Yes  No If yes, what? \_\_\_\_\_ How much? \$ \_\_\_\_\_  
Interest income \$ \_\_\_\_\_  Monthly  Annual Dividend income \$ \_\_\_\_\_  Monthly  Annual

Case No. ....

(l) Do you owe money to others (e.g. rent, credit card debts, loan payments, etc.)?  Yes  No

If yes, what? ..... How much? \$ ..... To whom? Name: .....

Address: ..... Phone: .....

(m) If you are married and living with your spouse, state their name: .....

Does your spouse work?  Yes  No If yes, their annual income \$ .....

Doing what and where? .....

(n) List persons to whom you actually provide support, your relationship to them and the amount you pay in support.

<u>Name of Persons You Support</u>	<u>Relationship</u>	<u>Amount of Support</u>	<u>Frequency</u>
.....	.....	\$ .....	<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly
.....	.....	\$ .....	<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly
.....	.....	\$ .....	<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly

2. Other facts (if any) concerning your inability to pay the filing fee are:

.....  
.....  
.....

**IMPORTANT INFORMATION**

If the court does not grant your request for a fee waiver or fee reduction in its entirety, the court shall specify in its order the dollar amount that you must pay and the amount of time, not to exceed ten (10) days, within which you must make payment to the court. If you do not make payment within the time allowed, your request for foreclosure mediation will be stricken.

For these reasons, I request waiver of payment of the filing fee.

I solemnly affirm under the penalties of perjury and upon personal knowledge that the contents of this document are true.

I certify that on \_\_\_\_\_, a copy of the Request for Waiver of Filing Fee for  
Date  
Foreclosure Mediation was mailed, postage prepaid, to:

..... Clerk of Court	..... Address
..... Name	..... Address
..... Name	..... Address
..... Name	..... Address
..... Date	..... Borrower's Signature
..... Printed Name	..... Street Address
..... E-mail	..... City, State, Zip
..... Fax	..... Telephone Number