

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

Each Circuit Court provides litigants the opportunity to request a waiver of fees for any court-ordered service. Upon request by a litigant, the Court will provide the appropriate documents necessary. The Court will consider Motions for Waiver of Fees only when the Motion and Affidavit are completed fully and additional documentation required is provided with the Affidavit within twenty (20) business days of receipt of the Court-Ordered service. **Failure to file the Motion for Waiver of Fees and Affidavit within twenty (20) business days may result in the denial of your request for waiver of fees.**

The following Definitions will be used by this Court in determining the eligibility of litigants for such fee waivers.

Income. This refers to actual current annual total cash receipts **before taxes** of **all persons** who are residents of, and contribute to, the support of a family unit.

This includes, but may not be limited to:

- } Wages and salaries **before** any deduction;
- } Income from self-employment **after** deductions for business or farm expenses;
- } Regular payments from public assistance, social security, unemployment and worker's compensation;
- } Alimony or child support from someone not living in the household;
- } Strike benefits, veteran's benefits, training stipends, public or private employee pensions, regular insurance or annuity payments, interest income or income from dividends, rents, royalties or estates and trusts.

Income does not include any of the following:

- } Tax refunds;
- } Gifts;
- } Compensation and/or one-time insurance payments for injuries sustained;
- } Non-cash benefits;
- } Food or rent in lieu of wages.

Family Size. Refers to the number of **adults and children** residing in the home with the person requesting the fee waiver.

Court-Ordered Services. The following are services that may be ordered by this Court:

Co-Parenting Education

Custody/Visitation Mediation

Custody Evaluation

Home Study

Mental Health Evaluation

Visitation Services

Monitored Exchange Services

Attorney for Minor Child(ren)

Retainer Fee - Fee paid at time appointment of attorney made

Fee Petition - Filed by attorney during the course of the case, usually at the end. Subsequent fee waivers may need to be filed.

Fees. The fees as outlined on the Motion for Waiver of Family Services are set; however some fees may vary because they are billed by the service provider. Subsequent fee waivers may need to be filed.

If you wish to apply for a fee waiver of Court-Ordered services, please call 410-621-7582 to request the appropriate forms; you will need to provide your name, address and case number.

Plaintiff

VS.

Defendant

* **IN THE CIRCUIT COURT**
* **FOR SOMERSET COUNTY**
* **STATE OF MARYLAND**
* **CASE NO.**

ORDER FOR APPOINTMENT OF COUNSEL OF MINOR CHILDREN

This matter, having come before the Court, it is this _____, by the Circuit Court for Somerset County, Maryland;

ORDERED, that _____, Esquire, _____, who has consented to this appointment, is appointed to represent the minor children, _____ and _____ before this Court, in this matter in the following capacity:

XX Child's Privilege Attorney **Child's Advocate Attorney** **XX Child's Best Interest Attorney**

A Child's Privilege Attorney shall decide whether to assert or waive, on behalf of a minor child, any privilege that the child if an adult would be entitled to assert or waive pursuant to Nagle vs. Hooks, 296 Md 123 (1983).

A Child's Advocate Attorney shall provide independent legal counsel for a child, owing the child the same duties of undivided loyalty, confidentiality, and competent representation as are due an adult client. The attorney shall represent the child in a normal attorney-client relationship, with authority to waive or assert any patient privilege on behalf of his/her client(s).

A Child's Best Interest Attorney shall be appointed by a court for the purpose of protecting a child's best interests, without being bound by the child's directives or objectives. The attorney shall make an independent assessment of what is in the child's best interest and advocates for that before the court, even if it requires the disclosure of confidential information. The best interest attorney shall ensure that the child's position is made part of the record whether or not different from the position that the attorney advocates.

The attorney shall perform the duties required in conformity with the Maryland Rules of Professional Conduct, including the duty of confidentiality and those duties imposed under Rule 1.14 thereof, if applicable, as well as the *Maryland Guidelines for Practice for Court-Appointed Lawyers Representing Children in Cases Involving Child Custody or Child Access*. The attorney may not be compelled to testify in these proceedings. The attorney hereby appointed shall be treated by all parties as counsel or record for the minor child; and it is further

ORDERED, that the attorney appointed above, representing the child named above, shall have immediate access to such child, and to all otherwise privileged or confidential information regarding such child, without the necessity of any further order or release. Such information includes but is not limited to social services, drug and alcohol treatment, medical, evaluation, law enforcement, school, probation and court records, records or trusts and accounts of which the child is a beneficiary, and other records relevant to the case, including court records of parties to this case or their household members. Mental health

records that are privileged or confidential under state or federal laws shall be released to the attorney *only* in accordance with such laws; and it is further

ORDERED, that the representative's services are to be compensated in the following manner:

XX Payment into Escrow Account. The Plaintiff is hereby directed to pay the sum of \$725.00 within thirty (30) days of this Order to the Clerk of the Court for Somerset County for the appointed representative's initial contribution toward the fees in performing these services. The Defendant is hereby directed to pay the sum of \$725.00 within 30 days of the date of this Order to the Clerk of the Court for Somerset County for the appointed representative's initial contribution toward the fees in performing these services. A final allocation of fees will be determined by the Court at the hearing on the merits of the case, or upon motion. No disbursement from the Escrow Account may be made without Order of court. The representative for the child shall be entitled to charge an hourly fee for services not to exceed \$145.00. The appointed representative believes additional time is needed he shall seek the approval of the Court. **FAILURE TO COMPLY WITH THIS PROVISION OF THE ORDER MAY RESULT IN DISMISSAL OF THE CASE, PROCEEDINGS FOR CONTEMPT OR ANY OTHER SANCTION PERMITTED BY LAW.**

□ ***Pro Bono Representation.*** By way of consent, the representative for the child shall provide these services *pro bono public*.

Fee Waiver and Court Compensation. The Court waives the parties' obligation to make advance payment for child representation. The child representation may submit a bill for services to the Court at the conclusion of the case, or earlier upon motion. Unless otherwise authorized by Court order, the Court will compensate the representative for services at an amount not to exceed \$145.00 per hour, up to a maximum of \$1,450.00. The Court may consider the entry of a further order requiring the Plaintiff and/or Defendant to pay all or a portion of the billed representative's fees. Services rendered by the representative that would require payment over that amount contributed by the Court and/or ordered to be paid by the parties shall be rendered *pro bono public*; and it is further

ORDERED, that the attorney representing the minor child shall file a final Petition for Fees with the Court not later than thirty (30) days after the final disposition of the case. The attorney shall also certify copies to the parties **and** their counsel of record; and it is further

ORDERED, that this appointment, unless otherwise ordered by this Court, shall terminate after thirty (30) days from the entry of a final Custody Order.

Judge

IN THE CIRCUIT COURT FOR SOMERSET COUNTY, MARYLAND

PLAINTIFF	*	
v.	*	Case No. _____
DEFENDANT	*	

* * * * *

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

I, _____, state that:

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

<u>SERVICE</u>	<u>SERVICE FEE</u>
<input type="checkbox"/> co-parenting education	\$
<input type="checkbox"/> custody/visitation mediation	\$
<input type="checkbox"/> custody evaluation	\$
<input type="checkbox"/> home study	\$
<input type="checkbox"/> mental health evaluation	\$
<input type="checkbox"/> visitation services	\$
<input type="checkbox"/> supervised exchange services	\$
<input type="checkbox"/> attorney for a minor child - Retainer Only	\$
<input type="checkbox"/> attorney for minor child - Attorney Fee Petition	\$
<input type="checkbox"/> Other: _____	\$
<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,

Signature

AFFIDAVIT

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

I hereby certify that:

1. **I have the following amount of money in:**

- a. Savings Account: \$ _____
- b. Checking Account: \$ _____
- c. Investments: \$ _____
- d. Other: \$ _____

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 located at: _____

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

3. **Real Estate.** I own the following real estate (*Identify as to each property owned*):

- a. Address: _____
Value: _____ Mortgage Payment: _____
Rental Income Received (if applicable): _____
- b. Address: _____
Value: _____ Mortgage Payment: _____
Rental Income Received (if applicable): _____

4. **Debts I Owe.** I owe the following debts:

- | | |
|----------|-----------|
| \$ _____ | To: _____ |
| \$ _____ | To: _____ |
| \$ _____ | To: _____ |
| \$ _____ | To: _____ |

5. **Household Size.** The total number of persons, including myself, residing in my household is _____, including _____ children, and _____ adults.

6. **Income.**

Employment.

I work full-time _____ part-time _____

i. Name of Employer: _____

ii. Job Position: _____

iii. How often are you paid? _____

iv. Gross pay each pay period: _____

(Attach copy of last 2 pay stubs)

I am Self-Employed (Attach copy of most recent tax return)

I am Unemployed (Provide proof of any unemployment benefits, if received)

Other Income (e.g. SS, SSI, TCA, etc.) : _____

7. **Other Contributing Resident Members Monthly Income:**

Please specify relation of Resident Member: _____

Monthly Income: _____

Please specify relation of Resident Member: _____

Monthly Income: _____

Please specify relation of Resident Member: _____

Monthly Income: _____

8. **Expenses.**

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

(Provide copy of Order or County and Case Number)

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

(Provide copy of Order or County and Case Number)

Child Care/Day Care.

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

9. **Legal Representation.**

I am represented by an attorney and am receiving free or reduced fee representation. (Attorney's affidavit certifying representation and fee must be attached)

I am represented by an attorney and am paying this attorney directly.

I am not represented by an attorney.

10. **Other Information.** I would like the Court to know the following additional

information in considering my request for a family service fee waiver:

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

Date

Signature

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that on this _____ day of _____, 20____, that a copy of the foregoing Motion for Waiver of Family Services Fees and Supporting Affidavit was/were
[] mailed, postage prepaid

[] hand delivered to:

Name	Address
Name	Address
Name	Address

Date

Signature

Did you Remember to:

Deliver or Mail Completed Original Forms to:
Circuit Court for Somerset County
Attn: Helen Webster, Family Services Coordinator
30512 Prince William Street
Princess Anne, MD 21853

Include the following applicable items:
2 Current Pay Stubs
Self-Employment Tax Return
Proof of Unemployment Benefits
Proof of Child Support/Alimony Payments
Affidavit from Attorney certifying free or reduced fee

Sign the Form (pages 1, 3 & 4)

Provide Copy to Other Party (Certificate of Service Above)

Make a Copy for Yourself

IN THE CIRCUIT COURT FOR SOMERSET COUNTY, MARYLAND

PLAINTIFF	*	
v.	*	Case No. _____
DEFENDANT	*	

* * * * *

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

I, _____, state that:

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

<u>SERVICE</u>	<u>SERVICE FEE</u>
<input type="checkbox"/> co-parenting education	\$
<input type="checkbox"/> custody/visitation mediation	\$
<input type="checkbox"/> custody evaluation	\$
<input type="checkbox"/> home study	\$
<input type="checkbox"/> mental health evaluation	\$
<input type="checkbox"/> visitation services	\$
<input type="checkbox"/> supervised exchange services	\$
<input type="checkbox"/> attorney for a minor child - Retainer Only	\$
<input type="checkbox"/> attorney for minor child - Attorney Fee Petition	\$
<input type="checkbox"/> Other: _____	\$
<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,

Signature

AFFIDAVIT

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

I hereby certify that:

1. **I have the following amount of money in:**

- a. Savings Account: \$ _____
- b. Checking Account: \$ _____
- c. Investments: \$ _____
- d. Other: \$ _____

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 located at: _____

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

3. **Real Estate.** I own the following real estate (*Identify as to each property owned*):

- a. Address: _____
Value: _____ Mortgage Payment: _____
Rental Income Received (if applicable): _____
- b. Address: _____
Value: _____ Mortgage Payment: _____
Rental Income Received (if applicable): _____

4. **Debts I Owe.** I owe the following debts:

- | | |
|----------|-----------|
| \$ _____ | To: _____ |
| \$ _____ | To: _____ |
| \$ _____ | To: _____ |
| \$ _____ | To: _____ |

5. **Household Size.** The total number of persons, including myself, residing in my household is _____, including _____ children, and _____ adults.

6. **Income.**

Employment.

I work full-time _____ part-time _____

i. Name of Employer: _____

ii. Job Position: _____

iii. How often are you paid? _____

iv. Gross pay each pay period: _____

(Attach copy of last 2 pay stubs)

I am Self-Employed (Attach copy of most recent tax return)

I am Unemployed (Provide proof of any unemployment benefits, if received)

Other Income (e.g. SS, SSI, TCA, etc.) : _____

7. **Other Contributing Resident Members Monthly Income:**

Please specify relation of Resident Member: _____

Monthly Income: _____

Please specify relation of Resident Member: _____

Monthly Income: _____

Please specify relation of Resident Member: _____

Monthly Income: _____

8. **Expenses.**

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

(Provide copy of Order or County and Case Number)

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

(Provide copy of Order or County and Case Number)

Child Care/Day Care.

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

9. **Legal Representation.**

I am represented by an attorney and am receiving free or reduced fee representation. (Attorney's affidavit certifying representation and fee must be attached)

I am represented by an attorney and am paying this attorney directly.

I am not represented by an attorney.

10. **Other Information.** I would like the Court to know the following additional

information in considering my request for a family service fee waiver:

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

Date

Signature

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that on this _____ day of _____, 20____, that a copy of the foregoing Motion for Waiver of Family Services Fees and Supporting Affidavit was/were
[] mailed, postage prepaid

[] hand delivered to:

Name	Address
Name	Address
Name	Address

Date

Signature

Did you Remember to:

Deliver or Mail Completed Original Forms to:
Circuit Court for Somerset County
Attn: Helen Webster, Family Services Coordinator
30512 Prince William Street
Princess Anne, MD 21853

Include the following applicable items:
2 Current Pay Stubs
Self-Employment Tax Return
Proof of Unemployment Benefits
Proof of Child Support/Alimony Payments
Affidavit from Attorney certifying free or reduced fee

Sign the Form (pages 1, 3 & 4)

Provide Copy to Other Party (Certificate of Service Above)

Make a Copy for Yourself