



☐ CIRCUIT COURT ☐ DISTRICT COURT OF MARYLAND FOR _____

City/County

Located at _____ Case No. _____

Court Address

VS.

Petitioner/Plaintiff

Respondent/Defendant

ATTORNEY'S STATEMENT IN SUPPORT OF WAIVER OF COSTS
(Md. Rule 1-325)

1. Please be advised that I, _____, represent,

Name of Attorney
_____ in this matter on behalf of:

Name of Party
- ☐ Maryland Legal Aid
- ☐ the Office of the Public Defender
- ☐ _____, a pro bono or legal services program that is
Name of Organization/Program
on the list of programs serving low-income individuals that is submitted by the Maryland Legal Services Corporation (MLSC) to the State Court Administrator. I am associated with this program and my client meets MLSC's financial eligibility criteria. The payment of filing fees or other court costs in this matter is not subject to Maryland Code, Courts Article, § 5-1002 (the Prisoner Litigation Act).
2. ☐ I certify that to the best of my knowledge, information, 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; or
- ☐ I am representing this client on behalf of the Office of the Public Defender which is required by statute to provide representation in this matter.
3. ☐ My client requests a final waiver of open costs at the conclusion of this action. I certify that the client has signed an affidavit stating the client does not anticipate a material change in the financial information contained in the client's application for representation.

On behalf of: _____
Name of Party

Attorney Signature _____ Attorney Number _____

Attorney Name _____

Address _____

City, State, Zip _____

Telephone/Fax _____

E-mail _____

Date _____