

This form contains Restricted Information.



☐ CIRCUIT COURT ☐ DISTRICT COURT OF MARYLAND FOR \_\_\_\_\_ City/County

Located at \_\_\_\_\_ Telephone \_\_\_\_\_  
Court Address

Case No. \_\_\_\_\_

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 statement 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:

<input type="checkbox"/> Wages .....	\$ .....
<input type="checkbox"/> Commissions/Bonuses .....	\$ .....
<input type="checkbox"/> Social Security/SSI .....	\$ .....
<input type="checkbox"/> Retirement Income .....	\$ .....
<input type="checkbox"/> Unemployment Insurance .....	\$ .....
<input type="checkbox"/> Temporary Cash Assistance .....	\$ .....
<input type="checkbox"/> Alimony/Spousal Support .....	\$ .....
<input type="checkbox"/> Rent received from tenants .....	\$ .....
<input type="checkbox"/> 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: \$ .....

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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 pay the open 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	_____ Telephone / Fax
_____ Party Name	_____ E-mail
_____ Address	_____ Date
_____ City, State, Zip	

**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 \_\_\_\_\_ to: \_\_\_\_\_  
Date

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



☐ **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

### ORDER REGARDING REQUEST FOR FINAL WAIVER OF OPEN COSTS

Upon consideration of the Request for Final Waiver of Open Costs submitted by  
\_\_\_\_\_, and any documentation as required or authorized by Maryland  
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 of the Maryland Legal Services Corporation.

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