

This form contains Restricted Information.



☐ CIRCUIT COURT ☐ DISTRICT COURT OF MARYLAND FOR _____ City/County

Located at _____ Telephone _____
Court Address _____

Case No. _____

Petitioner/Plaintiff vs. Respondent/Defendant

**REQUEST FOR WAIVER OF COSTS FOR
ASSEMBLING THE RECORD FOR AN APPEAL**

(Md. Rule 1-325.1(c)(1)(C))

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, _____, am unable to prepay the costs in this matter because of
Name of Party poverty.

Affidavit of Continuing Eligibility

☐ I will be represented by the following organization on appeal and am financially eligible for their services (*attorney signature required below*):

☐ Maryland Legal Aid

☐ The Office of the Public Defender

☐ A lawyer through a Maryland Legal Services provider _____
Name of Organization/Program

The Maryland Legal Services Corporation provides funding for or has otherwise approved this organization to provide civil legal services on behalf of low-income persons; and/or

☐ There has been no material change in my financial situation since the court granted a waiver of prepaid costs under Maryland Rule 1-325.

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: \$ _____

Case No. _____

- ☐ Bank accounts Balance: \$ _____
- ☐ Stocks or other securities Value: \$ _____
- ☐ Other property (describe): _____ Value: \$ _____

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 costs:

For the above reasons, ☐ I request the trial court grant a waiver of costs associated with assembling the record; ☐ I request a final waiver of open costs at the conclusion of the action. I do not anticipate a material change in the information provided in this request.

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

Party Name

Address

City, State, Zip

Telephone

Fax

E-mail

Date

Attorney Certification (To be completed by your lawyer, if you are represented).

I, _____, certify that to the best of my knowledge, information, and belief, there is ^{Name of Attorney} good ground to support the appeal, and it is not interposed for any improper purpose or delay.

Attorney Signature

Attorney Name

Address

City, State, Zip

Attorney Number

Telephone

Fax

E-mail

Date

CERTIFICATE OF SERVICE

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

Name of Person Served

Name of Person Served

Address

City, State, Zip

Address

City, State, Zip



☐ CIRCUIT COURT ☐ DISTRICT COURT OF MARYLAND FOR _____
City/County

Located at _____ Telephone _____

Court Address _____

Case No. _____

VS. _____

Petitioner/Plaintiff

Respondent/Defendant

ORDER REGARDING REQUEST FOR WAIVER OF COSTS FOR ASSEMBLING THE RECORD

Upon consideration of the Request for Waiver of Costs for Assembling the Record submitted
by _____, and any documentation as required or authorized by
Name of Party
Maryland Rule 1-325 or other applicable law,

THE COURT FINDS THAT:

- ☐ The party named above received a waiver of costs in accordance with Rule 1-325(d)(1), will be represented in the appeal by an eligible attorney under this section, and the attorney has certified that the appeal is meritorious and the party remains eligible for representation in accordance with Rule 1-325(d).
- ☐ The party named above received a waiver of costs in accordance with Maryland Rule 1-325(e)(1), and there has been no material change in the party's financial situation since the waiver was granted.

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. The costs associated with assembling the record are hereby waived.
 - ☐ In the District Court, this includes a waiver of the costs of preparing a transcript, if required by Maryland Rule 7-113.
- ☐ DENIED. You have 10 days from the date of this order to pay the costs associated with assembling the record. If the unwaived costs are not paid in full within 10 days, the appeal will be considered withdrawn.

Date

Judge

ID Number