

This form contains Restricted Information.



SUPREME COURT OF MARYLAND APPELLATE COURT OF MARYLAND
CIRCUIT COURT FOR

Located at City/County

District/Circuit Court Case No. Appellate Court Case No.

Appellant VS. Appellee

REQUEST FOR WAIVER OF APPELLATE COSTS (Md. Rule 1-325.1)

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, Name of party, am unable to pay the prepaid appellate costs in this matter because of poverty.

Affidavit of Continuing Eligibility

- The trial court waived the prepaid costs in this matter pursuant to Maryland Rule 1-325(d)(1) or (e)(1); and:
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
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 section above does not apply to you).

I respectfully submit that:

- 1. There are Number family members living in my household, including myself. (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 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: \$ \_\_\_\_\_
  - 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 these reasons:

- I request that the appellate court grant a waiver of the prepaid appellate costs.
- 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 understand that I may have to pay these costs at the end of the case unless the court grants a final waiver of open costs. If I have not asked for a waiver of open costs in this request form, I may request the waiver at the conclusion of the action in a separate form.

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 _____
Party Name _____	Fax _____
Address _____	E-mail _____
City, State, Zip _____	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 good ground to support the appeal, and it is not interposed for any improper purpose or delay.

Attorney Signature _____	Attorney Number _____	Telephone _____
Attorney Name _____		Fax _____
Address _____		E-mail _____
City, State, Zip _____		Date _____

**CERTIFICATE OF SERVICE**

I certify that the following party, parties, or attorney(s) was/were served with a copy of this Request for Waiver of Appellate Costs as indicated:

**Person served** (note if attorney): \_\_\_\_\_

Address of the person served: \_\_\_\_\_

Service method:  first-class mail on \_\_\_\_\_ Date \_\_\_\_\_  hand delivery on \_\_\_\_\_ Date \_\_\_\_\_

service on registered user via MDEC system on the effective date of filing.

Date _____	Signature _____	Attorney Number _____
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For additional person(s) served, please attach completed form CC-DC-128 (Certificate of Service).



SUPREME COURT OF MARYLAND  APPELLATE COURT OF MARYLAND  
 CIRCUIT COURT FOR \_\_\_\_\_

Located at \_\_\_\_\_ City/County  
 \_\_\_\_\_ Court Address

District/Circuit Court Case No. \_\_\_\_\_ Appellate Court Case No. \_\_\_\_\_

\_\_\_\_\_  
 Appellant VS. Appellee \_\_\_\_\_

**ORDER REGARDING REQUEST FOR WAIVER OF APPELLATE COSTS**

Upon consideration of the Request for Waiver of Appellate 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:**

- The party named above received a waiver of prepaid costs in the lower court in accordance with Maryland Rule 1-325(d)(1), will be represented in the appeal by an attorney who is eligible under the Rule, and the attorney has certified that the appeal is meritorious and the party remains eligible for representation in accordance with Maryland Rule 1-325(d).
- The party named above received a waiver of prepaid 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 lower court has granted a waiver of prepaid appellate costs associated with assembling the record.

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 prepay the costs.
- is NOT unable by reason of poverty to pay the prepaid costs.

Other findings: \_\_\_\_\_

**THE COURT ORDERS** that the waiver is:

- GRANTED. The prepaid costs associated with the appellate court are waived.
- DENIED. You have 10 days from the date of this order to pay the prepaid appellate costs. If the unwaived prepaid costs are not paid in full within 10 days, the court shall enter an order dismissing the appeal.

\_\_\_\_\_ Date \_\_\_\_\_ Justice / Judge \_\_\_\_\_ ID Number \_\_\_\_\_