

This form contains Restricted Information.



☐ SUPREME COURT OF MARYLAND ☐ APPELLATE COURT OF MARYLAND

☐ CIRCUIT COURT FOR \_\_\_\_\_

City/County \_\_\_\_\_

Located at \_\_\_\_\_

Court Address \_\_\_\_\_

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

Appellate Court Case No. \_\_\_\_\_

VS.

Appellant

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

Name of party

#### 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 \_\_\_\_\_, Name of organization/program

which is an organization that the Maryland Legal Services Corporation provides funding for or has otherwise approved 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 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 \_\_\_\_\_ family members living in my household, including myself. (*Do not include renters or temporary guests*).

Number

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 I served a copy of this Request for Waiver of Prepaid Appellate 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



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Appellant

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### 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