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. _____

IN THE MATTER OF: _____ (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), request that the appellate court grant a waiver of prepaid appellate costs. I 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 Rule 1-325(d) or (e); 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 Maryland legal services provider _____ (Name of organization/program).

  The Maryland Legal Services Corporation funds or has otherwise approved that 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 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 ***(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 <u>not</u> 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 the appellate court grant a waiver of the prepaid appellate costs;

☐ I do not anticipate a material change in the information provided in this request and request a final waiver of open costs at the conclusion of the action.

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 haven't 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

<u>Attorney Certification</u> (***to be completed by your lawyer, if you are represented***).

I, _____ , certify that to the best of my knowledge, information,
Name of Attorney
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 Address

_____
City, State, Zip

_____ _____
Name Address

_____
City, State, Zip

_____ _____
Date Signature of Party Serving

☐ **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. _____

IN THE MATTER OF: _____ (Appellant) VS. _____ (Appellee)

ORDER REGARDING REQUEST FOR WAIVER OF PREPAID APPELLATE COSTS

Upon consideration of the Request for Waiver of Prepaid Appellate Costs submitted by _____ (Name of party), and any further documentation as required or authorized by 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 Rule 1-325(d), will be represented in the appeal by an eligible attorney under that section, and the attorney has certified that the appeal is meritorious and that the party remains eligible for representation in accordance with Rule 1-325(d).

☐ The party named above received a waiver of prepaid costs in accordance with 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

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)

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