



COURT OF APPEALS  COURT OF SPECIAL APPEALS

CIRCUIT COURT FOR \_\_\_\_\_

City/County

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

Court Address

IN THE MATTER OF: \_\_\_\_\_

VS. \_\_\_\_\_

Appellant

Appellee

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

I, \_\_\_\_\_, request that the appellate court grant a waiver of  
Name of Party  
prepaid appellate costs. I am unable to prepay 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 \_\_\_\_\_ family members living in my household, including myself. (*Do not include  
Number  
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: \$ .....

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 prepaid appellate costs.

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, and that if I want a final waiver of open costs I must request the waiver at the conclusion of the action.

I affirm under the penalties of perjury that what I have said above is true to the best of my knowledge, information, and belief.

.....  
Party Signature

.....  
Telephone / Fax

.....  
Party Name

.....  
E-mail

.....  
Address

.....  
Date

.....  
City, State, Zip

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

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

.....  
Attorney Signature

.....  
Telephone / Fax

.....  
Attorney Name

.....  
E-mail

.....  
Address

.....  
Date

.....  
City, State, Zip



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**CERTIFICATE OF SERVICE**

I HEREBY CERTIFY that on \_\_\_\_\_, a copy of this Request for Waiver of Prepaid Appellate Costs was served by  hand delivery  mailing first class mail, postage prepaid, to the following parties:

Date

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

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

UPON CONSIDERATION of the Request for Waiver of Prepaid Appellate Costs submitted by

\_\_\_\_\_, and any further documentation as required or authorized by Rule 1-325 or other applicable law,

Name of Party

**THE COURT HEREBY FINDS THAT:**

- 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), 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 HEREBY ORDERS that the waiver is:**

- GRANTED. The prepaid costs associated with the appellate court are hereby 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

\_\_\_\_\_  
Judge's Signature

\_\_\_\_\_  
ID Number