



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

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

Party Name

Address

City, State, Zip

Telephone / Fax

E-mail

Date

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

_____,
Name of Attorney
certify that to the best of my knowledge, information,
and belief, the appeal is meritorious, and the client remains eligible for my services on the basis of his
or her income.

Attorney Signature

Attorney Name

Address

City, State, Zip

Telephone / Fax

E-mail

Date

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that on _____, a copy of _____
(Describe document served)

_____ was served electronically by the MDEC system on all persons entitled to service, except for the following
persons (if any), who were served non-electronically by _____
(Means of service)

Name: _____

Name: _____

Address: _____

Address: _____

Date

Signature of Party Serving