

This form contains Restricted Information.

此表格含有受限信息。



CIRCUIT COURT DISTRICT COURT OF MARYLAND FOR
巡回法庭 马里兰地区法庭

Located at
地址

Court Address
法庭地址

Telephone
电话

City/County
城市/县

Case No.

案件编号

IN THE MATTER OF:

关于

vs.
诉

Petitioner/Plaintiff
申请人/原告

Respondent/Defendant
被申请人/被告

REQUEST FOR FINAL WAIVER OF OPEN COSTS
公开法庭费用最终免除申请

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

除非您提交案件为受限类型(收养、紧急评估、极端风险保护令(ERPO)、监护权、少年、性别声明), 否则您必须提交根据受限信息规定第 20-201.1 条(表格 MDJ-008)相关的通知。

I, _____, request that the court grant a final waiver of open costs.

Name of party

本人 _____, 要求法院批准公开法庭费用的最终豁免。

当事人姓名

I am unable to pay the final open court fees and costs in this matter because of poverty.

我因为贫穷无法支付此事项的最终公开法庭费用。

Affidavit of Continuing Eligibility

持续资格宣誓书

This court waived the prepaid costs in this matter; and:

此法院免除了此事项的预付费用; 以及:

There has been no material change in my financial situation since the waiver of prepaid costs was granted.

自预付费用免除得到批准后, 我的经济状况无任何实质性变化。

Affidavit of Income. (Complete this section only if the section above does not apply to you)

收入宣誓书. (仅当上文小节内容不适用于您的情况下填写此节)

I respectfully submit that:

本人敬呈文件, 内容如下:

1. There are _____ family members living in my household, including myself.

Number

我的家庭里有 _____ 个家庭成员, 包括我自己。

数字

(Do not include renters or temporary guests).

(不包括租客或临时房客)。

2. The total gross household income (before taxes) is \$ _____

家庭总收入(税前)为 \$ _____

(total income earned by all persons in the household) per WEEK MONTH YEAR.

(家庭里所有人赚取的总收入) / 周 月 年。

3. The gross household income (before taxes) is from the following sources

家庭总收入(税前)来自下列来源

(list amounts before taxes) per WEEK MONTH YEAR.
(列出税前金额) / 周 月 年。

- Wages \$ _____
工资 \$ _____
- Commissions/Bonuses \$ _____
佣金/奖金 \$ _____
- Social Security/SSI \$ _____
社会保障/SSI \$ _____
- Retirement Income \$ _____
退休收入 \$ _____
- Unemployment Insurance \$ _____
失业保险 \$ _____
- Temporary Cash Assistance \$ _____
临时现金援助 \$ _____
- Alimony/Spousal Support \$ _____
赡养费/配偶抚养费 \$ _____
- Rent received from tenants \$ _____
向租客收取的房租 \$ _____
- Any Other Income (Do not include food stamps/SNAP) \$ _____
任何其他收入 (不包括食品券/SNAP) \$ _____

4. I own the following property.

我拥有下列财产。

(Do not list your home, one vehicle, and/or personal items in your home):

(请勿列出您的住宅、车辆和/或家里的个人物品):

- NONE
无
- Real estate other than principal home Value: \$ _____
主宅以外的不动产 价值: \$ _____
- Other vehicles including boats Value: \$ _____
其他车辆(包括船只) 价值: \$ _____
- Bank accounts Balance: \$ _____
银行账户 余额: \$ _____
- Stocks or other securities Value: \$ _____
股票或其他证券 价值: \$ _____
- Other property (describe): Value: \$ _____
其他财产(请说明): 价值: \$ _____

5. I owe the following debts:

我欠有下列债务:

- NONE
无
- Credit Card: _____ Amount Owed: \$ _____ Monthly Payment: \$ _____
信用卡: _____ 所欠金额: \$ _____ 每月偿还额: \$ _____
- Car Loan: _____ Amount Owed: \$ _____ Monthly Payment: \$ _____
车贷: _____ 所欠金额: \$ _____ 每月偿还额: \$ _____
- Other Debt: _____ Amount Owed: \$ _____ Monthly Payment: \$ _____
其他债务: _____ 所欠金额: \$ _____ 每月偿还额: \$ _____

6. Other information to demonstrate my inability to prepay the costs:
证明我无能力预付费用的其他信息:

For these reasons, I request a final waiver of open costs.
为此, 我申请公开法庭费用的最终免除。

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.

本人郑重确认据本人所知所信, 此文件内容真实。如有不实甘受伪证罪之罚。

Party Signature
当事人签名

Attorney Signature
律师签名

Attorney Number
律师编号

Party Name
当事人姓名

Attorney Name
律师姓名

Address
地址

Address
地址

City, State, Zip
城市、州、邮编

City, State, Zip
城市、州、邮编

Telephone
电话

Telephone
电话

Fax
传真

Fax
传真

E-mail
电子邮箱

E-mail
电子邮箱

Date
日期

Date
日期

CERTIFICATE OF SERVICE

送达证明

I certify that I served a copy of this Request for Final Waiver of Open Costs, upon the following party or parties by mailing first class mail, postage prepaid hand delivery, on _____ to:

Date

本人证明, 本人已将此公开法庭费用最终免除申请副本送达至诉讼各当事人处, 送达方式为
邮寄一类邮件(预付邮资) 亲手交付, 送达日期为 _____ :

日期

Name
姓名

Address
地址

City, State, Zip
城市、州、邮编

Case No. _____
案件编号 _____

Name
姓名

Address
地址

City, State, Zip
城市、州、邮编

Date
日期

Signature of Party Serving
送达方签名

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ORDER REGARDING REQUEST FOR FINAL WAIVER OF OPEN COSTS
关于公开法庭费用最终免除申请的命令

Upon consideration of the Request for Final Waiver of Costs submitted by _____, and any further
documentation as required or authorized by Rule 1-325 or other applicable law,
Name of party

在考虑了 _____ 提交的《费用最终免除申请》以及第1-325 条或
其他适用法要求或授权的任何其他文件后,
当事人姓名

THE COURT FINDS THAT:

法院认定:

The party named above:

姓名如上所述的当事人:

Meets the financial eligibility guidelines of the Maryland Legal Services Corporation.
满足 Maryland Legal Services Corporation 的财务资格指南要求。

Does NOT meet the financial eligibility guidelines.
未满足财务资格指南要求。

The party named above:

姓名如上所述的当事人:

Is unable by reason of poverty to pay the costs.
因贫穷无法支付费用。

Is NOT unable by reason of poverty to pay the costs.
并非因贫穷无法支付费用。

Other findings:

其他发现: _____

THE COURT ORDERS that the waiver is:

法院命令, 费用豁免:

GRANTED
得到批准

DENIED
被否决

Case No. _____
案件编号 _____

Date
日期

Judge
法官

ID Number
ID 编号