

**This form contains Restricted Information.**

**CIRCUIT COURT FOR HOWARD COUNTY**

**CASE NUMBER** \_\_\_\_\_

\_\_\_\_\_  
Plaintiff

\_\_\_\_\_  
Defendant

\_\_\_\_\_  
Address

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Telephone

**REQUEST FOR WAIVER OF FEE FOR FAMILY SERVICES/MEDIATION**

**You must file this Form AND a Notice Regarding Restricted Information pursuant to Rule 20-201.1 (form MDJ-008) in the Clerk's Office.**

**I \_\_\_\_\_, state that pleadings have been filed in this case which raise the issue(s) of child custody, visitation and/or marital property. I am unable to pay the filing fee due to the circumstances detailed below.**

1. Do you have money in your possession?  Yes  No If yes, how much? \$ \_\_\_\_\_
  - a. Where \_\_\_\_\_
  - b. Savings Account Bank's Name: \_\_\_\_\_ Balance: \$ \_\_\_\_\_
  - c. Checking Account Bank's Name: \_\_\_\_\_ Balance \$ \_\_\_\_\_
2. Are you employed?  Yes  No If yes, where? \_\_\_\_\_
  - a. How much do you make? \_\_\_\_\_  Monthly  Bi-weekly  Weekly
  - b. Position: \_\_\_\_\_
  - c. If you are not working, when did you last work? \_\_\_\_\_
3. Do you own an automobile?  Yes  No If yes, Make \_\_\_\_\_ Model \_\_\_\_\_ and Year \_\_\_\_\_ Is it paid for?  Yes  No How much do you owe? \$ \_\_\_\_\_
4. To whom? \_\_\_\_\_
5. Does anyone owe you any money?  Yes  No If yes, how much? \$ \_\_\_\_\_ From whom? Name: \_\_\_\_\_ Phone: \_\_\_\_\_
6. Do you own any real estate or a house?  Yes  No If yes, state the value \$ \_\_\_\_\_ Is it mortgaged?  Yes  No If yes, total amount owed \$ \_\_\_\_\_ Monthly payment \$ \_\_\_\_\_
7. Do you receive any rental income?  Yes  No If yes, how much? \_\_\_\_\_
8. Do you own any personal property (excluding ordinary household furnishings and clothing)?  Yes  No If yes, what is it? \_\_\_\_\_
9. Do you receive money from social security, supplemental security income (SSI), worker's compensation or other disability benefits, public assistance, food stamps, settlements, judgments, trust funds, retirement, annuity, or pension payments?  Yes  No If yes, how much? \$ \_\_\_\_\_ What is the source? \_\_\_\_\_
10. Do you have any investments?  Yes  No If yes, what? \_\_\_\_\_ How much? \$ \_\_\_\_\_  
Interest income \$ \_\_\_\_\_  Monthly  Annual Dividend income \$ \_\_\_\_\_  Monthly  Annual

Case No- \_\_\_\_\_

11. Do you owe money to others (e.g., rent, credit card debts, loan payments, etc.)?  Yes  No

If yes, what? \_\_\_\_\_ How much? \$ \_\_\_\_\_ To whom? Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

If you are married and living with your spouse, state their name: \_\_\_\_\_

Does your spouse work?  Yes  No If yes, their annual income? \_\_\_\_\_

Doing what and where? \_\_\_\_\_

12. List persons to whom you actually provide support, your relationship to them and the amount you pay in support.

| <u>Name of Persons You Support</u> | <u>Relationship</u> | <u>Amount of Support</u> | <u>Frequency</u>   |
|------------------------------------|---------------------|--------------------------|--|
| _____                              | _____               | \$ _____                 | <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly |
| _____                              | _____               | \$ _____                 | <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly |
| _____                              | _____               | \$ _____                 | <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly |

13. Other facts (if any) concerning your inability to pay the filing fee are:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

For these reasons, I request waiver of payment of the filing fee.

I solemnly affirm under the penalties of perjury and upon personal knowledge that the contents of this document are true.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

**CERTIFICATE OF SERVICE**

I hereby certify that on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ a copy of this Request for Fee Waiver was mailed, first postage prepaid, to:

\_\_\_\_\_  
Opposing Party or Attorney

\_\_\_\_\_  
Address

\_\_\_\_\_  
City/State/Zip

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature