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

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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.

Name of Persons You Support	Relationship	Amount of Support	Frequency
_____	_____	$_____	☐ Weekly ☐Monthly
_____	_____	$_____	☐ Weekly ☐Monthly
_____	_____	$_____	☐ Weekly ☐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 documentare 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