**CIRCUIT COURT DISTRICT COURT OF MARYLAND FOR**

Located at Case No.

City/County

Court Address IN THE MATTER OF:

vs. Petitioner/Plaintiff

Respondent/Defendant

**REQUEST FOR FINAL WAIVER OF OPEN COSTS**

I, request that the Court grant a final waiver of open costs. I am unable to pay \_\_\_\_\_\_\_ the final of Party

open court fees and costs in this matter because of poverty.

Affidavit of Continuing Eligibility

This Court waived the prepaid costs in this matter; and: There granted.

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

*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 renters or temporary Number

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:

income .......................................................................................................

$

Commissions/Bonuses.............................................................................

$

Social Security/SSI..................................................................................

$

Retirement Income...................................................................................

$

Unemployment Insurance........................................................................

$

Temporary Cash Assistance.....................................................................

$

Alimony/Spousal Support........................................................................

$

Rent received from tenants......................................................................

$

Any Other monetary sources (Do not include food stamps/SNAP).........................

$

4. property):

*I own the following property. (Do not list your residence, one vehicle, and/or personal items in your*

NONE Real estate other than principal house........................................

Value:

$

Other vehicles including boats...................................................

Value:

$

Bank Accounts...........................................................................

Balance:

$

Stocks or other securities............................................................

Value:

$

Other property (describe):

Value:

$

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5. I owe the following debts:

NONE Credit Card:

Amount Owed: $ Car Loan:

Amount Owed: $ Other Debt:

Amount Owed: $

6. Other information to demonstrate my inability to prepay the costs:

For these reasons, I request a final waiver of open costs.

I affirm under the penalties of perjury that what I have said above is true to the best of my

knowledge, information, and belief.

Attorney

Address

City, State, Zip

Telephone / Fax

Date

**CERTIFICATE OF SERVICE**

Monthly Payment: $ Monthly Payment: $ Monthly Payment: $

Party Signature

Attorney Signature CPF ID No.

Party name

Address

City, State, Zip

Telephone / Fax

E-mail

E-mail

Date