

Circuit Court for _____ Case No. _____
City or County

Name _____ Name _____
Street Address _____ Apt. # _____ VS. Street Address _____ Apt. # _____
City State Zip Code () Telephone City State Zip Code () Telephone
Plaintiff *Defendant*

**REQUEST FOR WAIVER OF PREPAYMENT OF THE FILING FEE
(DOM REL 32)**

I, _____, representing myself, wish to file the
complaint, petition or other paper(s) entitled _____
_____ which I have completed and attached. I am unable to
prepay the filing fee because of poverty. The answers to the following questions are true:

1. (a) Do you have any money? _____ How much? _____ Where? _____
Savings Account (bank's name, account number and balance) _____
Checking Account (bank's name, account number and balance) _____
- (b) Are you employed? _____ Where? _____
Position _____
How much do you make?(specify monthly, every two weeks, or weekly and the amount) _____
- (c) Are you self-employed? _____ Doing what? _____
How much do you make? (specify monthly, every two weeks, or weekly and the amount) _____
- (d) If you are not working, when did you last work? _____
- (e) Do you own an automobile? _____ Make, Model and Year _____
Is it paid for? _____ How much do you owe? _____ To whom? _____
- (f) Does anyone owe you any money? _____ How much? _____ To whom? (name, address & tel. #.) _____

- (g) Do you own real estate or a house? _____ Value _____
Is it mortgaged? _____ Total owed _____ Monthly payment _____
- (h) Do you receive any rental income? _____ How much? _____
- (i) Do you own any personal property (excluding ordinary household furnishings and clothing)? _____
What is it? _____
- (j) 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? If so, how much and what is the source? _____

- (k) Do you have any investments? _____ What and how much? _____
Interest income (specify monthly or annual) _____ Dividend income (specify monthly or annual) _____

(l) Do you owe money to others (e.g., rent, credit card debts, loan payments, etc)? _____ How much? _____
To whom? (name, address & tel.#) _____

(m) If you are married and living with your spouse, state his/her name. _____
Does your spouse work? _____ His/Her annual income _____
Doing what and where? _____

(n) List persons whom you actually support, your relationship to them and the amount you pay in support. (specify monthly or weekly)

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

**PRISON INMATES OR THOSE ON WORK RELEASE MUST ANSWER THE
ADDITIONAL QUESTIONS BELOW**

3. What is your inmate number? _____

4. Have you filed any other cases in state or federal court? _____ If yes, then for each case state who you sued, the case number and the result of the case. (Attach additional page if more space is needed) _____

5. Do you have a prison job or other assignment? _____ Employer, assignment and wages _____

6. Do you have a prison inmate account? _____ What is your account number? _____
How much money is in your prison inmate account? _____

Attach a certified copy of your inmate account statement(s) for at least the last two (2) months.

For these reasons, I request waiver of prepayment of the filing fee. I solemnly affirm on personal knowledge and under the penalties of perjury that the contents of the foregoing paper are true.

(Date) _____ (Signature) _____

(Address) _____

(City, State, Zip) _____

(Tel. #) (_____) _____

* IN THE
* CIRCUIT COURT
*
 _____ Plaintiff/Petitioner, * FOR
 v. * _____ COUNTY/CITY
 *
 _____ Defendant(s) * Civil No.: _____
 *

* * * * *

ORDER

Upon consideration/reconsideration of Plaintiff/Petitioner/Defendant's verified Request for Waiver of Prepayment of the filing Fee, it is, this _____ day of _____, _____

ORDERED that:

- The request is **GRANTED** and the prepayment of the filing fee is waived.
- The request is **GRANTED** in part and Plaintiff/Petitioner shall prepay the following portion of the filing fee: \$ _____ by _____, _____.
- The request is **DENIED**. The Court has determined that Plaintiff/Petitioner is able to pay the filing fee. See Maryland Rule 1-325(a) _____

- The request is **DENIED**. The court has determined that claim/appeal is frivolous. See Maryland Rule 1-325(a). _____

- The request is **DENIED**. Plaintiff/Petitioner may request reconsideration by filing the following requested documentation or explanation within forty-five (45) days from the date of this order

Judge

1 The complaint, petition, or other paper will not be docketed unless the required amount is paid by the due date.