

# Seventh Judicial Circuit of Maryland

COURT HOUSE  
200 CHARLES STREET  
LA PLATA, MARYLAND 20646

FAMILY SUPPORT SERVICES

301-932-3278

Attached you will find a Motion for Waiver of Family Services Fees and Supporting Affidavit. You should provide detailed answers to each question and supply supporting documentation, where required. **Failure to adequately and honestly respond to each question or to provide the required documentation may result in the application being returned to you or denied by a judge. If your Motion is granted and it is discovered that you misrepresented information in your Motion, a judge may order you to reimburse the court.**

Once you have completed the application:

- Sign it in the presence of a Notary Public;
- Complete the Certificate of Service;
- Complete the Notice Regarding Restricted Information Pursuant to Rule 20.201.1 (Located on the Last Page in this Application);
- Send a copy of the document to the opposing party or their attorney; and
- IMPORTANT: You must return the notarized original to the Director of Family Programs located on the first floor of the courthouse, outside of Courtroom E. You may also mail the application to:**

Director of Family Programs  
Charles County Circuit Court  
200 Charles Street  
La Plata, Maryland 20646

You will receive a copy of the order either granting or denying your motion for Waiver of Family Services Fees. If the Judge grants your Motion:

- Forward a copy of the order to the attention of the applicable service provider(s) (i.e., mediator, therapist, counsel for minor child, etc.); and
- Request that the service provider submit an invoice to the attention of the Director of Family Programs at the address provided above.

**It is your responsibility to notify the service provider that your motion for Waiver of Family Services Fees was granted, participate in the court-ordered service, and provide the service provider with a copy of the Order.**

**Please allow 7-10 business days for the court to review your application.**

If you should have any questions or require further information, please do not hesitate to contact the Director of Family Programs at 301-932-3278.

IN THE CIRCUIT COURT FOR CHARLES COUNTY, MARYLAND

.....  
Plaintiff

v.

Case Number: .....

.....  
Defendant

\* \* \* \* \*

**MOTION FOR WAIVER / REDUCTION OF FAMILY SERVICE FEES  
AND SUPPORTING AFFIDAVIT**

I, \_\_\_\_\_, state that:

1. I am a party in this matter and have been ordered by the Circuit Court for Charles County, Maryland to participate in or pay for the following services for which a fee has been assessed:

<u>SERVICE</u>	<u>FEE WHICH I HAVE TO PAY</u>
<input type="checkbox"/> Co-Parenting Education	\$ .....
<input type="checkbox"/> Custody/Visitation Mediation	\$ .....
<input type="checkbox"/> Other Mediation	\$ .....
<input type="checkbox"/> Custody Evaluation/Home Study	\$ .....
<input type="checkbox"/> Mental Health Evaluation	\$ .....
<input type="checkbox"/> Visitation Services	\$ .....
<input type="checkbox"/> Anger Management Counseling	\$ .....
<input type="checkbox"/> Counsel for a Minor Child	\$ .....
<input type="checkbox"/> Other: _____	\$ .....
<input type="checkbox"/> Other: _____	\$ .....

- 2. I do not have sufficient funds or assets that could be used to pay the fees above.
- 3. The attached affidavit is incorporated herein.

WHEREFORE, I respectfully request that this court waive or reduce the fees listed above and grant such other and further relief as this court deems proper and just.

Respectfully submitted,

.....  
*Sign Your Name Here*

**AFFIDAVIT**

I represent to the Court that the following statements and answers to the following questions are true.

I hereby certify that:

**1. I have the following amount of money in my bank accounts, investments or personal possession:**

- Checking Account (Bank name and balance): .....  N/A
- Savings Account (Bank name and balance): .....  N/A
- Investments (Type and amount): .....  N/A
- Personal Possession: .....  N/A

**2. Information About Automobiles (check all that apply):**

- I do not own an automobile.
- I own the following automobiles:  
 Make: ..... Model: ..... Year: .....  
 Make: ..... Model: ..... Year: .....
- The car(s) **IS** in my possession.
- The car(s) **IS NOT** in my possession. It is with .....
- I owe \$ ..... on the car to ..... (Lender).
- I owe \$ ..... on the car to ..... (Lender).

**3. Information About Other Vehicles:**

- I do not own any other vehicles.
- I own the following other vehicles (boats, cars, trucks, recreational vehicles, motorcycles, etc.).  
 .....
- I owe the following amount on those vehicles: \$ ..... (Lender).

**4. Attorney:**

- I am represented by an attorney.
- yes       reduced fee       no fee       fee charged
  - no

**5. Property and Real Estate:**

- I do not own any real estate or property.
- I own the following real estate:  
 Type: .....  
 Address: .....
- Monthly mortgage, taxes, and insurance that I pay: \$ .....
- Monthly income that I receive from any renters of my property: \$ .....
- I own the following additional property:  
 Type: .....  
 Address: .....
- Monthly mortgage, taxes, and insurance that I pay: \$ .....
- Monthly income that I receive from any renters of my property: \$ .....

**6. Debts I Owe:**

I owe the following debts:

- NONE
- Amount: \$ ..... owed to: .....
- Amount: \$ ..... owed to: .....
- Amount: \$ ..... owed to: .....

**7. Money Owed To Me:**

The following individuals owe me money:

- NONE
- Who: ..... Address: ..... Amount: \$ .....
- Who: ..... Address: ..... Amount: \$ .....
- Who: ..... Address: ..... Amount: \$ .....

**8. Income:**

Please check the box that best applies:

- a.  I work full-time
- I work part-time
- I am self-employed
- I am currently unemployed
- b. Name of Employer: .....  N/A
- c. Job Title/Position: .....  N/A
- d. How often are you paid?
  - monthly     every two weeks     twice a month     weekly     N/A
- e. Gross pay each pay period (total wages earned **before** deductions): \$ .....  N/A
  - **If employed, attach your 2 most recent pay stubs.**
  - **If self-employed, attach a copy of your most recent federal income tax return.**
- f. List all other income, which includes: unemployment benefits; Social Security; disability income; workers' compensation; veterans benefits; strike benefits; training stipends; military family allotments; alimony; child support (**for all children residing in the home**); emergency family maintenance; military reserves income; employee pension; retirement income; public assistance (*food stamps, WIC, TCA, housing allowance, child care vouchers, etc.*); insurance or annuity payments; dividend income; interest income; royalties; and/or income from estates and trusts. **You must provide documentation for all categories that apply. Please specify how often you receive income, i.e. bi-weekly; monthly; quarterly; or annually.**

Type: .....	Amount: \$ .....	Frequency: .....
Type: .....	Amount: \$ .....	Frequency: .....
Type: .....	Amount: \$ .....	Frequency: .....
Type: .....	Amount: \$ .....	Frequency: .....
Type: .....	Amount: \$ .....	Frequency: .....

This section is N/A

**9. Household Size:**

There are ..... family members living in my household, including my spouse or partner, children who reside with us, extended family members or other residents. **Please provide the individuals' names and relationship to you.**

<u>NAME AND RELATIONSHIP</u>	<u>NAME AND RELATIONSHIP</u>
1. ....	5. ....
2. ....	6. ....
3. ....	7. ....
4. ....	8. ....

**10. Other Monthly Income:**

Members of my household also receive the following additional income PER MONTH.

**IMPORTANT: You must include ALL income (employment and other) that is received by any other member of your household. For an explanation of "income", please see Question 8f above.**

Household Member: .....	Monthly Income: \$ .....
Household Member: .....	Monthly Income: \$ .....
Household Member: .....	Monthly Income: \$ .....
Household Member: .....	Monthly Income: \$ .....
Household Member: .....	Monthly Income: \$ .....

N/A

**11. Other Expenses:**

NONE

**Child Support**

I pay child support for ..... children. The total amount of child support that I pay each month is .....  
**Please provide all Court Orders for child support obligations.**

**Alimony**

I pay \$ ..... in alimony each month. **Please provide all Court Orders for alimony obligations not involved with this case.**

**Child Care Expenses**

I pay \$ ..... per ..... **Please provide proof.**

**Other Extraordinary Expenses**

I have the following additional extraordinary expenses. **Please explain.**

.....  
.....

**12. Other Information:** I would like the court to know the following additional information in considering my request for a Family Services Fee Waiver:

.....  
.....

I DO SOLEMNLY DECLARE AND AFFIRM UNDER THE PENALTIES OF PERJURY THAT THE CONTENTS OF THE FOREGOING DOCUMENT ARE TRUE AND CORRECT.

.....  
Notary Public

.....  
Sign Your Name Here In the Presence  
Of a Notary Public

Date:.....

Date:.....

Date Commission Expires: .....

**CERTIFICATE OF SERVICE**

I hereby certify that on the ..... day of ..... 20 ....., I mailed a copy of this Motion for Waiver of Family Services Fees and Supporting Affidavit to the following individual(s) by ordinary U.S. Mail, postage prepaid:

.....  
Name of Opposing Party(ies) or Counsel

.....  
Address

.....  
City, State, Zip

.....  
Sign Your Name Here



COURT OF APPEALS  COURT OF SPECIAL APPEALS

CIRCUIT COURT  DISTRICT COURT OF MARYLAND FOR \_\_\_\_\_

City/County

Located at \_\_\_\_\_

Court Address

Case No. \_\_\_\_\_

STATE OF MARYLAND  
OR

vs.

Plaintiff/Petitioner

Defendant/Respondent

**NOTICE REGARDING RESTRICTED INFORMATION PURSUANT TO RULE 20-201.1**

**Please DO NOT use this form to file into the following case types: Adoption, Emergency Evaluation, Extreme Risk Protective Order (ERPO), Guardianship, Juvenile. By either rule or statute these case types are not subject to inspection. Therefore, no confidentiality form is necessary.**

Title of confidential submission: \_\_\_\_\_

**1. RESTRICTED DOCUMENT - The entire document is not subject to inspection.**

- Child Abuse/Neglect:** record created by an agency concerning child abuse or neglect required by statute to be kept confidential. *Rule 16-914(d); Family Law Article, § 5-707; Human Services, § 1-202 and § 1-203*
- Financial Information:** information about the finances of an individual, including assets, income, liabilities, net worth, bank balances, financial history or activities, or creditworthiness. *General Provisions Article, § 4-336*
- Financial Statement:** filed pursuant to Rule 9-202, a Child Support Guidelines Worksheet filed pursuant to Rule 9-206, or a Joint Statement of Marital and Non-marital Property filed pursuant to Rule 9-207. *Rule 16-914(l)*
- Hearing Closed to the Public:** recording/transcript of hearing closed to the public. *Rule 16-914(g)*
- Marital Property:** Joint Statement of Marital and Non-Marital Property. *Rule 16-914(l)*
- Marriage License Application:** until the effective date of the license. *Rule 16-912(c)*
- Medical Report:** or other correspondence from a doctor or health care professional. *Rule 16-914(i)*
- Parenting Plan/Joint Statement:** prepared and filed under Rules 9-204.1 and 9-204.2. *Rule 16-914(o)*
- Peace Order Denied/Dismissed/Consented - Shielded:** case records shielded under Courts Article § 3-1510(b). *Rule 16-914(c)*
- Pregnancy - Marriage License Application:** certification of pregnancy of a person under 18 from doctor or nurse practitioner in an application for a marriage license. *Rule 16-912(c)*
- Presentence Investigation Report:** (confidential until entered into evidence) *Rule 16-914(f)(6)*
- Protective Order Case:** petition is sealed until the earlier of service or denial of the petition. *Rule 16-914(b)*
- Protective Order Denied/Dismissed/Consented - Shielded:** case records shielded under FL Article § 4-512(b)(2). *Rule 16-914(c)*
- Refusal to Testify:** case record maintained under Code, Courts Article, § 9-106 of the refusal of an individual to testify in a criminal action against the individual's spouse. *Rule 16-914(f)(5)*
- Sealed or Shielded:** (entire document) by court order. *Rule 16-934 & 16-914(k)(1)*
- Sealing or Shielding Motion:** while pending, but not to exceed five (5) business days. *Rule 16-934 & 16-914(k)(2)*
- Tax Returns:** state and federal tax returns. *Rule 16-914(j)*
- Other:** \_\_\_\_\_ Rule or Statute: \_\_\_\_\_
- DOCUMENT FROM A CONFIDENTIAL CASE TYPE FILED INTO A NON-CONFIDENTIAL CASE TYPE.**  
**Confidential Case type:**  Child adoption  Emergency Evaluation  ERPO  Guardianship of a child  
 Juvenile Court case record  Other: (explain) \_\_\_\_\_

**2. CONFIDENTIAL INFORMATION - The document itself is subject to public inspection but contains confidential information that is not open to public inspection.**

That information consists of \_\_\_\_\_

(Give a description of the information and not the actual restricted information.)

The information is made confidential by Rule(s) \_\_\_\_\_

or by court order dated \_\_\_\_\_

Pursuant to Rules 20-201.1 and 1-322.1, accompanying the document is a redacted version that does not contain the confidential information.

Date

Signature

CPF ID No.

Fax

Printed Name

Telephone Number

Address

E-mail

City, State, Zip