

INSTRUCTIONS FOR COMPLETING MOTION FOR WAIVER OF FAMILY SERVICES FEES

You may be eligible for assistance in paying for Family Services fees for services in which you have been ordered by the Circuit Court for Frederick County, Maryland to participate.

Please find the required documents to request a waiver attached:

1. Motion for Waiver of Family Services Fees ("MOTION")
2. AFFIDAVIT (INCLUDING CERTIFICATE OF SERVICE)
3. CHECKLIST OF FINANCIAL DOCUMENTATION
4. NOTICE OF RESTRICTED INFORMATION

STEPS:

1. If you are represented by an attorney, he or she must file on your behalf. If you are represented by an attorney and file yourself, your motion will be denied.
2. You must complete the (1) MOTION, (2) AFFIDAVIT, INCLUDING CERTIFICATE OF SERVICE, (3) NOTICE OF RESTRICTED INFORMATION, and (4) provide AT LEAST ONE OF THE DOCUMENTS listed in the CHECKLIST OF FINANCIAL DOCUMENTATION. All three must be mailed or hand delivered to:

Clerk of the Circuit Court for Frederick County
Family Department
100 West Patrick Street
Frederick, MD 21701

NOTICE:

- If the Motion is granted, the Family Services Fund is authorized to contribute UP TO an amount which will be specified in an Order AND IF funds are available when such fees are submitted to Family Services for payment by the provider of the service. Note that (1) payment is made to the provider, not the individual requesting the waiver, and (2) any fees not paid by the Family Services Fund are still due from the party receiving the service.
- **IF YOU ARE REQUESTING A WAIVER OF FEES FOR MEDIATION, THESE FORMS DO NOT APPLY. PLEASE SEEK LEGAL ADVICE IF YOU HAVE QUESTIONS.**

IN THE CIRCUIT COURT FOR FREDERICK COUNTY,
MARYLAND

Plaintiff

Case No. _____

Defendant

MOTION FOR WAIVER OF FAMILY SERVICES FEES

I, _____, representing myself, state that:

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

<u>SERVICE</u>	<u>FEES WHICH I HAVE TO PAY</u>
[] substance abuse testing	\$ _____
[] counsel for a minor child (e.g., BIA)	\$ _____
[] parent coordination	\$ _____
[] parent education	\$ _____
[] other: _____	\$ _____

2. I do not have sufficient funds or assets which could be used to pay the fees above.
3. The attached **AFFIDAVIT** is incorporated herein.
4. I have provided appropriate **FINANCIAL DOCUMENTATION** from the provided **CHECKLIST OF FINANCIAL DOCUMENTATION** to the Clerk of the Circuit Court for Frederick County, Family Department, 100 West Patrick Street, Frederick, MD 21701.

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

Respectfully submitted,

Signature: _____

Printed Name: _____

Address: _____

City, State, Zip: _____

Check here if this is an updated address []

AFFIDAVIT

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

I hereby certify that:

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

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: _____

I owe \$ _____ on the car to _____ (Lender).

3. Information about Other Vehicles. I own the following other vehicles (boats, cars, trucks, recreational vehicles, motorcycles, etc.): _____

4. Real Estate. I own the following real estate (List type and location): _____

5. Other Property. I own the following additional property (List type and location): _____

6. Debts I Owe. I owe the following debts:

\$ _____ To: _____

\$ _____ To: _____

\$ _____ To: _____

7. Money Owed to Me. The following owe me money:

Who: _____ Address: _____ Amount: \$ _____

Who: _____ Address: _____ Amount: \$ _____

Who: _____ Address: _____ Amount: \$ _____

8. Employment Income.

a. Name of Employer: _____

b. Job Position: _____

c. How often are you paid? _____

d. Gross pay each pay period: _____

9. Other Family Income. I, or a member, of my household also receive the following

additional income PER MONTH (Include ALL income earned by yourself, in addition to that listed in Paragraph 8, or income which is received by any other member of your household): _____

10: Household Size. The total number of adults and children residing in my home is _____. The total number of children who do not reside with me but for whom I pay child support is _____.

11. Expenses.

Child Support. I pay child support for _____ children. The total amount of child support which I pay each month is: \$ _____

Alimony. I pay \$ _____ in alimony each month.

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.

Sign Your Name and Date Here

CERTIFICATE OF SERVICE

I hereby certify that on the _____ day of _____, I mailed a copy of this Motion for Waiver of Family Services Fees and Supporting Affidavit to the following by ordinary US Mail, postage prepaid:

Name of Opposing Party or their Counsel

Address

City, State, Zip

Sign Your Name Here

CHECKLIST OF FINANCIAL DOCUMENTATION

YOU MUST PROVIDE AT LEAST ONE (1) OF THE FOLLOWING DOCUMENTS TO THE CLERK OF THE CIRCUIT COURT FOR FREDERICK COUNTY, FAMILY DEPARTMENT. FAILURE TO DO SO SHALL RESULT IN DENIAL OF YOUR MOTION:

1. 2 RECENT PAY STUBS OR FEDERAL TAX RETURN IF SELF-EMPLOYED
2. PROOF OF UNEMPLOYMENT, SOCIAL SECURITY, OR DISABILITY BENEFITS
3. CHILD SUPPORT ORDER FOR CHILD(REN) NOT INVOLVED IN THIS CASE
4. COURT ORDER DOCUMENTING ALIMONY
5. PROOF OF CHILDCARE EXPENSES
6. PROOF OF GOVERNMENT ASSISTANCE, INCLUDING SUBSIDIZED HOUSING, TEMPORARY CASH ASSISTANCE, CHILD CARE, MEDICAL OR FOOD ASSISTANCE

SUPREME COURT OF MARYLAND APPELLATE COURT OF MARYLAND
 CIRCUIT COURT DISTRICT COURT OF MARYLAND FOR _____

Located at _____

City/County _____

STATE OF MARYLAND
OR

Court Address _____

Telephone _____

Case No. _____

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, Gender Declaration, or a Criminal Case in which a Motion to Transfer Jurisdiction to the Juvenile Court is pending. By rule or statute these case types are not subject to inspection.

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(l)*
- 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(l)(6)*
- Protective Order Denied/Dismissed/Consented - Shielded: case records shielded under FL Article § 4-512(b)(2). *Rule 16-914(c)*
- Record of an Administrative Agency Proceeding: case records shielded when the Administrative Agency Restricted Information Statement indicates the record contains restricted information under Rule 20-101(r). *Rule 16-914(r)*
- 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(l)(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 Gender Declaration 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 _____
Fax _____
Telephone Number _____
E-mail _____

Signature _____
Printed Name _____
Street Address _____
City, State, Zip _____