

Instructions for Completing the Fee Waiver

You may be eligible for assistance in paying for Family Services Fees (e.g., the best interest attorney). You are welcome to complete the attached Motion for Fee Waiver for Family Services Fees and submit the signed original to the court (at the address below) with **your supporting documents**. Be sure to mail a copy of your submission to the opposing party and keep a copy for yourself.

Supporting documents must be attached to the Motion for Fee Waiver:

- Proof of unemployment
- Federal Income tax return if self-employed (most recent)
- Two recent pay stubs
- Order for spousal support or child support that you **pay or receive**
- Your lease if subsidized by HUD
- Copy of your Food Assistance declaration or of your card
- Temporary Cash Assistance documentation
- Disability documentation (SSI or SSDI)

If you have questions please call the Family Services Coordinator at 301.600.2023.

Mail or deliver to:
Clerk of the Court
Frederick County Circuit Court
100 West Patrick Street
Frederick, Maryland 21701

* IN THE

Plaintiff

* CIRCUIT COURT

v. _____

* FOR

Defendant

* Civil No.:

* * * * *
 MOTION FOR WAIVER OF FAMILY SERVICES FEES Code XMWC
 AND SUPPORTING AFFIDAVIT

I, _____, representing myself, state that:

1. I am a party in this matter and have been ordered by the Circuit Court for _____, 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 which could be used to pay the fees above.
3. The attached affidavit is incorporated herein.

WHEREFORE, I respectfully request that this Court waive 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: \$ _____

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.). _____

I owe the following amount on those vehicles: \$ _____

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: _____

\$ _____

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 persons residing in my household is _____, including my spouse or partner, children who reside with us, extended family members or other residents.

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.

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 U.S. Mail, postage prepaid:

Name of Opposing Party or their Counsel

Address

City, State, Zip

Sign Your Name Here

IN THE CIRCUIT COURT FOR FREDERICK COUNTY, MARYLAND

 Plaintiff
 v. _____
 Defendant

Case No.: 10-_____

ORDER REGARDING FAMILY SERVICES FEES

Upon consideration of the Motion for Waiver of Family Services Fees requested by the
 ___ Plaintiff ___ Defendant ___ Intervenor
 is on this _____ day of _____, 2017, by the Circuit Court for Frederick County, Maryland
 hereby:

ORDERED, that the Motion is Denied

ORDERED, a portion of the fees have been waived for the above noted party. Any remaining fees are not waived and are still due from the requesting party. The following shall be paid from the Family Services Fund to the provider upon receipt of an invoice.

ORDERED, all fees for which a waiver has been requested have been waived for the above noted party. The following shall be paid from the Family Services Fund to the provider upon receipt of an invoice.

Service:	Fee to be paid from Family Services Funds	Service to be provided pro bono or at stated fee.
<input type="checkbox"/> Co-Parenting Education	<input type="checkbox"/> \$ _____	<input type="checkbox"/> reduced fee \$10
<input type="checkbox"/> Custody/Visitation Mediation	<input type="checkbox"/> \$ _____	<input type="checkbox"/>
<input type="checkbox"/> Other Mediation	<input type="checkbox"/> \$ _____	<input type="checkbox"/>
<input type="checkbox"/> Custody Evaluation/Home Study	<input type="checkbox"/> \$ _____	<input type="checkbox"/>
<input type="checkbox"/> Mental Health Evaluation	<input type="checkbox"/> \$ _____	<input type="checkbox"/>
<input type="checkbox"/> Visitation Services	<input type="checkbox"/> \$ _____	<input type="checkbox"/>
<input type="checkbox"/> Anger Management Counseling	<input type="checkbox"/> \$ _____	<input type="checkbox"/>
<input type="checkbox"/> Counsel for a Minor Child	<input type="checkbox"/> \$ _____	<input type="checkbox"/>
<input type="checkbox"/> Parenting Coordination	<input type="checkbox"/> \$ _____	<input type="checkbox"/>
<input type="checkbox"/> Other: _____	<input type="checkbox"/> \$ _____	<input type="checkbox"/>

This is a proper Order to be passed in this case:

 Administrative Judge