

IN THE CIRCUIT COURT FOR CALVERT COUNTY, MARYLAND

Plaintiff
Vs.
Defendant
Case No.
\*\*\*\*\*

MOTION FOR WAIVER/REDUCTION OF FAMILY SERVICES FEES AND SUPPORT AFFIDAVIT

I, \_\_\_\_\_, representing myself, state that:

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

Table with 2 columns: SERVICE and SERVICE FEE. Rows include Co-parenting education (FIT), Kids Connection, Custody/visitation mediation, Psychological Evaluation, Home study, Mental health evaluation, Visitation services, Anger management counseling, Attorney for minor child, Parent Communication Counseling, Other, and Other.

- 2. I do not have sufficient income or assets that could be used to pay for the fees above.
3. The attached affidavit is made a part of this Motion.

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,

Print name, address and telephone number here:

Sign Your Name Here

# AFFIDAVIT

I declare to the Court that the following statements and answers to the following questions are true and accurate to the best of my knowledge, and I hereby certify that:

1. I have the following amount of money in my bank accounts and investments.  
\$ \_\_\_\_\_ in my bank accounts.  
\$ \_\_\_\_\_ in investments.  
\$ \_\_\_\_\_ in my personal possession (for example, cash.)

2. **Information about automobiles:** *Check all that apply.*

I do not own an automobile.

I own the following automobiles:

Make \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_

This car is \_\_\_\_\_ is not in my possession.

I owe \$ \_\_\_\_\_ on this car to \_\_\_\_\_ (Lender).

Make \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_

This car is \_\_\_\_\_ is not in my possession.

I owe \$ \_\_\_\_\_ on this car to \_\_\_\_\_ (Lender).

3. **Information about other vehicles.** I own the following other vehicles (boats, trucks, recreational vehicles, motorcycles, etc.).

\_\_\_\_\_.

I owe the following amount on those vehicles: \$ \_\_\_\_\_.

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

Address: \_\_\_\_\_

\_\_\_\_\_.

Monthly mortgage, taxes and insurance that I pay: \$ \_\_\_\_\_.

Monthly income I receive from any renters in my property: \$ \_\_\_\_\_.

Monthly rent I pay: \$ \_\_\_\_\_.

- B. **Other Property.** I own the following additional property: (*List type and location*):

Address: \_\_\_\_\_

\_\_\_\_\_.

Monthly mortgage, taxes and insurance that I pay: \$ \_\_\_\_\_.

Monthly income I receive from any renters in my property: \$ \_\_\_\_\_.

5. **Debts I Owe.** I owe the following debts:

\$ \_\_\_\_\_ to \_\_\_\_\_.

\$ \_\_\_\_\_ to \_\_\_\_\_.

\$ \_\_\_\_\_ to \_\_\_\_\_.

**6. Money Owed to Me.**

Who \_\_\_\_\_ Address \_\_\_\_\_ Amount \$ \_\_\_\_\_.  
Who \_\_\_\_\_ Address \_\_\_\_\_ Amount \$ \_\_\_\_\_.

**7. Your Income.**

- a. I work full time \_\_\_hrs/wk, part-time \_\_\_hrs/wk, or unemployed.
- b. Name of Employer \_\_\_\_\_.
- c. Job Position \_\_\_\_\_.
- d. How often are you paid? \_\_\_\_\_.
- e. Gross (before taxes and other deductions) \_\_\_\_\_.  
  - Attach pay stubs for 2 most recent months.
  - If self-employed attach a copy of most recent federal income tax return.
  - If receiving Unemployment benefits, provide verification.
- f. List all other forms of income, including Social Security, disability income, Workers Compensation, strike benefits, training stipends, **alimony, child support**, military reserves income, military family allotments, veterans benefits, pension and retirement income, temporary cash assistance, food stamps, insurance annuity payments, income from dividends, interest, rents, royalties or from estates and trusts. Provide proof of this income. Court orders and entitlement letters are acceptable forms of verification.  

_____	\$ _____.
_____	\$ _____.
_____	\$ _____.
_____	\$ _____.

**8. Household Size.** The total number of adults and children residing in my household is \_\_\_\_\_, including my spouse or partner and children (give age) who reside with us.

Name/age _____	Relationship to you _____.
Name/age _____	Relationship to you _____.
Name/age _____	Relationship to you _____.
Name/age _____	Relationship to you _____.
Name/age _____	Relationship to you _____.
Name/age _____	Relationship to you _____.

**9. Other Family Members' Monthly Income (Includes all forms listed above.)**

Family member _____	Monthly income \$ _____.
Family member _____	Monthly income \$ _____.
Family member _____	Monthly income \$ _____.
Family member _____	Monthly income \$ _____.

**10. Expenses**

**Child Support.** I pay child support for \_\_\_\_\_ children. The total amount of child support I pay each month is \$\_\_\_\_\_.

**Alimony.** I pay \$\_\_\_\_\_ in alimony each month.

**Child Care expenses.** I pay \$\_\_\_\_\_ in child care expenses each month.

**Other Extraordinary expenses.** I have the following additional extraordinary expenses (provide explanation): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

**11. Other Information.**

**Your Date of Birth**\_\_\_\_\_ **Your Social Security No.** \_\_\_\_\_

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 \_\_\_\_\_

