

IN THE COURT OF COMMON PLEAS OF DELAWARE COUNTY, PENNSYLVANIA

	:	NO.	
Plaintiff	:		
	:		
v.	:		
	:		
	:		
Defendant	:		

PETITION TO PROCEED IN FORMA PAUPERIS

1. I am the plaintiff/defendant in the above matter and because of my financial condition, I am unable to pay the fees and costs of prosecuting or defending this action or proceeding.
2. I am unable to obtain funds from anyone, including my family and associates, to pay the costs of litigation.
3. I represent that the information below relating to my ability to pay the fees and costs is true and correct.
4. Please answer all questions.
5. **You may be required to attend a Court Hearing and provide evidence in support of your request to proceed In Forma Pauperis**

(a) Name: _____

Address: _____

Phone Number _____

Email Address: _____

(b) Employment

If you are presently employed, state the following:

Employer: _____

Address: _____

Salary or wages per month: _____

Type of Work: _____

You must attach a copy of the following documentation:

1. Your most recent Federal and State Income Tax Return.
2. Your most recent year to date pay stub for you.

If you are presently unemployed, state the following:

Date of Last Employment: _____

Salary or Wages per Month: _____

Type of Work: _____

Please attach a copy of the following documentation:

1. Letter of grant/denial of unemployment or worker's compensation **OR**
2. Statement of unemployment compensation or worker's compensation.

(c) Other income within the past twelve (12) months:

Please attach documentation for each form of income listed below that you receive.

1. Business or Profession: _____

2. Are you the beneficiary of any Trust, Annuity or Settlement: Yes ___ No ___
Please explain and provide documentation: _____

3. Self-Employment: _____
4. Interest: _____
5. Dividends: _____
6. Investments: _____
7. Pension and/or Annuities: _____
8. Social Security Benefits: _____
9. Support Payments: _____
10. Disability Payments: _____
11. Unemployment Compensation and Supplemental Benefits: _____

12. Workmen's Compensation: _____
13. Public Assistance: _____
14. Contributions from Parents: _____
15. Contributions from Children: _____
16. Other: _____

(d) Please list any other adult members of your household and their income

1. Name: _____
 Source of Income: _____
 Amount of Income _____ Month _____ Year _____
2. Name: _____

Source of Income: _____

Amount of Income _____ Month _____ Year _____

(e) Property Owned

Cash: _____

Checking Account(s): _____

Savings Account(s): _____

Certificate(s) of Deposit: _____

Real Estate (including home): _____

Motor Vehicles: Make: _____ Year: _____

 Cost: _____

Amount Owed: \$ _____

 Make: _____ Year: _____

 Cost: _____

Amount Owed: \$ _____

Stocks and Bonds: _____

Other: _____

(f) Debts and Obligations

Mortgage: _____

Rent: _____

Loan(s): _____

Other: _____

(g) Persons dependent upon you for support:

Spouse's Name: _____

Children, if any:

Name: _____ Age: _____

Other Persons:

Name: _____

Relationship: _____

6. I understand that I have a continuing obligation to inform the Court of improvements in my financial circumstances which would permit me to pay the costs incurred herein.
7. I further understand that if my Petition is approved, the Order shall allow only for the waiver of the one filing fee/cost for this action. Waiver of any other costs will require the filing of another Petition and Affidavit with supporting documentation.
8. I verify that the statements made in this affidavit are true and correct. I understand that false statements herein are subject to the penalties outlined in 18 Pa.C.S. §4904, relating to unsworn falsification to authorities.

PETITIONER: _____

DATE: _____