



**IN FORMA PAUPERIS AFFIDAVIT  
PETITION**

Mag. Dist. No:	MDJ-51-3-01
MDJ Name:	Honorable Matthew Robert Harvey
Address:	525 Boyds School Road Suite 900 Gettysburg, PA 17325
Telephone:	717-334-7913

\_\_\_\_\_

v.

\_\_\_\_\_

Docket No:  
Case Filed:

**STATEMENT OF THE PETITIONER**

I hereby request that this Court permit me to proceed in forma pauperis (without payment of the filing fee). In support of this I state the following:

- 1. I am the plaintiff in the above matter and because of my financial condition am unable to pay the fee for filing this action.
- 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.

**NAME AND ADDRESS**

NAME \_\_\_\_\_

ADDRESS 1 \_\_\_\_\_

ADDRESS 2 \_\_\_\_\_

CITY \_\_\_\_\_

STATE \_\_\_\_\_

ZIP \_\_\_\_\_

**If you are presently employed, state employer:**

NAME \_\_\_\_\_

ADDRESS 1 \_\_\_\_\_

ADDRESS 2 \_\_\_\_\_

CITY \_\_\_\_\_

STATE \_\_\_\_\_ ZIP \_\_\_\_\_

SALARY OR WAGES PER MONTH \$ \_\_\_\_\_

**TYPE OF WORK**

If you are presently unemployed, state:

THE DATE OF MY LAST EMPLOYMENT WAS \_\_\_\_\_

SALARY OR WAGES PER MONTH \$ \_\_\_\_\_

TYPE OF WORK \_\_\_\_\_

**OTHER INCOME RECEIVED WITHIN THE PAST TWELVE MONTHS**

BUSINESS OR PROFESSION	\$ _____	INTEREST	\$ _____
OTHER SELF-EMPLOYMENT	\$ _____	DIVIDENDS	\$ _____
PENSION AND ANNUITIES	\$ _____	SUPPORT PAYMENTS	\$ _____
SOCIAL SECURITY BENEFITS	\$ _____	DISABILITY PAYMENTS	\$ _____
WORKERS' COMPENSATION	\$ _____	PUBLIC ASSISTANCE	\$ _____
UNEMPLOYMENT COMPENSATION AND SUPPLEMENTAL BENEFITS	\$ _____		
OTHER	\$ _____		



**OTHER CONTRIBUTIONS TO HOUSEHOLD SUPPORT**

MY SPOUSE IS EMPLOYED  
 SPOUSE'S NAME \_\_\_\_\_  
 SPOUSE'S EMPLOYER \_\_\_\_\_ SALARY OR WAGES PER MONTH \$ \_\_\_\_\_  
 TYPE OF WORK \_\_\_\_\_  
 CONTRIBUTIONS FROM CHILDREN \$ \_\_\_\_\_ CONTRIBUTIONS FROM PARENTS \$ \_\_\_\_\_  
 OTHER CONTRIBUTIONS \$ \_\_\_\_\_

**PROPERTY OWNED**

CASH \$ \_\_\_\_\_ CHECKING ACCOUNT \$ \_\_\_\_\_  
 SAVINGS ACCOUNT \$ \_\_\_\_\_ CERTIFICATES OF DEPOSIT \$ \_\_\_\_\_  
 REAL ESTATE (INCLUDING HOME) \$ \_\_\_\_\_  
 MOTOR VEHICLE MAKE \_\_\_\_\_ YEAR \_\_\_\_\_  
 COST \$ \_\_\_\_\_ AMOUNT OWED \$ \_\_\_\_\_  
 STOCKS; BONDS \$ \_\_\_\_\_ OTHER \$ \_\_\_\_\_

**DEBTS AND OBLIGATIONS**

MORTGAGE \$ \_\_\_\_\_ RENT \$ \_\_\_\_\_  
 LOANS \$ \_\_\_\_\_ OTHER \$ \_\_\_\_\_

**PERSONS DEPENDENT UPON ME FOR SUPPORT**

SPOUSE NAME \_\_\_\_\_  
 AGES OF MINOR CHILDREN, IF ANY \_\_\_\_\_  
 OTHER PERSONS (NON-MINOR) \_\_\_\_\_  
 NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_  
 NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

- 4. I understand that I have a continuing obligation to inform the Court of improvement in my financial circumstances which would permit me to pay the costs incurred herein.
- 5. I verify that the statements made in this petition are true and correct. I understand that false statements herein are made subject to penalties of 18 Pa. C.S. § 4904, relating to unsworn falsification to authorities.
- 6. I certify that this filing complies with the provisions of the Case Records Public Access Policy of the Unified Judicial System

of Pennsylvania that require filing confidential information and documents differently than non-confidential information and documents.  
 Date: \_\_\_\_\_

Signature of Petitioner

Action by the Magisterial District Judge: \_\_\_\_\_

\_\_\_\_\_  
 Date \_\_\_\_\_ Magisterial District Judge \_\_\_\_\_

