



Mag. Dist. No:	MDJ-51-3-02
MDJ Name:	Honorable Daniel S. Bowman
Address:	45D West Hanover Street Bonneauville, PA 17325
Telephone:	717-334-7810

_____ vs. _____

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

PRESENT EMPLOYERS NAME AND ADDRESS

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

SALARY OR WAGES PER MONTH

TYPE OF WORK

I AM PRESENTLY UNEMPLOYED

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
WORKMAN'S COMPENSATION	PUBLIC ASSISTANCE
UNEMPLOYMENT COMPENSATION AND SUPPLEMENTAL BENEFITS	
OTHER	

Case Name:	Docket Number:
------------	----------------

OTHER CONTRIBUTIONS TO HOUSEHOLD SUPPORT

(WIFE) (HUSBAND) NAME	<input type="checkbox"/>	MY (WIFE)(HUSBAND) IS EMPLOYED
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 DEPENDANT UPON ME FOR SUPPORT

<input type="checkbox"/> (WIFE) (HUSBAND) NAME			
<input type="checkbox"/> CHILDREN, IF ANY	NAME	AGE	
NAME	AGE	NAME	AGE
NAME	AGE	NAME	AGE
<input type="checkbox"/> OTHER PERSONS - NAME			
NAME	RELATIONSHIP		
NAME	RELATIONSHIP		

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.

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. Sec. 4904, relating to unsworn falsification to authorities.

Date: _____ Signature of Petitioner _____

Action by the Magisterial District Judge: _____

_____ Date _____ Magisterial District Judge _____

