



Mag. Dist. No:	MDJ-51-3-02
MDJ Name:	Honorable Christopher A. Snyder
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	
_____	
_____	

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**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
<input type="checkbox"/>	OTHER PERSONS - NAME		
<input type="checkbox"/>	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 \_\_\_\_\_

