

IN THE COURT OF COMMON PLEAS FOR ADAMS COUNTY, PENNSYLVANIA

Name	PLAINTIFF	:	
		:	
	vs.	:	CASE NO. _____
		:	
		:	
Name	DEFENDANT 1	:	
		:	
	and (if applicable)	:	
		:	
		:	
Name	DEFENDANT 2	:	

PETITION TO PROCEED IN FORMA PAUPERIS

TO THE HONORABLE COURT:

I hereby certify that I am without financial resources to pay the fees and costs associated with my case and therefore request *in forma pauperis* status. In support of my Petition, I attach an Affidavit which fully and truthfully describes my current income and financial condition. I attach the required documents to the Confidential Document Form as follows:

- My most recent year to date pay stub and the pay stub of any adults who reside with me.
- If pay stubs are not available, a notarized statement from my employer, and a notarized statement from employer of any adults who reside with me, indicating my and their monthly wages.
- If not employed, a copy of the most recent spousal support, retirement, disability, social security, workers' compensation or unemployment compensation or other income and benefit statements.
- I am unemployed and receive no other income or benefits.

WHEREFORE, I request to proceed *in forma pauperis*, without the need to pay fees and costs in the above-captioned case. I verify that the statements made in this Petition are true and correct. I understand that false statements made are subject to the criminal penalties under 18 Pa.C.S. §4904 (unsworn falsification to authorities).

Respectfully submitted,

Date

Signature of *in forma pauperis* Petitioner

AFFIDAVIT

READ BEFORE ANSWERING: YOU MUST ANSWER EVERY QUESTION. IF THERE IS NO AMOUNT TO BE ENTERED, YOU SHOULD CHECK THE BOX 'NONE' OR WRITE 'N/A.' FAILURE TO DO SO MAY RESULT IN DENIAL OF YOUR REQUEST FOR IN FORMA PAUPERIS STATUS.

1. I am the plaintiff, defendant, or other in the above matter and because of my financial condition am unable to pay the fees and costs of prosecuting or defending this action or proceeding.

Check if only filing for consideration of economic hardship related to obtaining a transcript.

2. I am unable to obtain funds from anyone, including my family and associates, to pay the costs of litigation.

I represent that the information below is true and correct:

(a) Name: _____
Address: _____

Telephone: _____

(b) Employment:

Are you currently employed: YES NO

If you answered 'NO', complete the following:

Date of your last day of employment: _____

Salary or wages: \$ _____ Type of work: _____

If you answered 'YES', complete the following:

Employer or Self Employed: _____

Employer address: _____

Telephone: _____ Email: _____

Salary or wages: _____ weekly bi-weekly monthly

Type of work: _____

I ATTACH TO THE CONFIDENTIAL DOCUMENT FORM A COPY OF MY MOST RECENT PAY STUB(S) SHOWING MY EARNINGS YEAR TO DATE OR A NOTARIZED STATEMENT FROM MY EMPLOYER SHOWING MY WAGES. I ALSO ATTACH A COPY OF MY MOST RECENT TAX RETURN TO THE CONFIDENTIAL DOCUMENT FORM.

(c) Other income within the past twelve months (list amount and source):

Business or profession: _____

Other self-employment: _____

Interest: _____

Dividends: _____

Pension and annuities: _____

Social security benefits: _____

Support payments: _____

Disability payments: _____

Unemployment compensation and supplemental benefits: _____
Workers' compensation: _____
Public assistance: _____
Other income: _____

**I ATTACH TO THE CONFIDENTIAL DOCUMENT FORM A COPY OF MY LETTER
GRANTING DENYING (check one) BENEFITS AND ATTACH A COPY OF MY BENEFIT
STATEMENT(S).**

(d) (1) Contributions to household expenses by other adult household members:

Name(s): _____

Are any of the adult household members employed? YES NO

Employer: _____

Salary or wages: _____ weekly bi-weekly monthly

Type of work: _____

Other contributions to household expenses: \$ _____

NONE- if the answer is 'None' skip to (e)

(2) Contributions to household expenses by other adult household members:

Name(s): _____

Are any of the adult household members employed? YES NO

Employer: _____

Salary or wages: _____ weekly bi-weekly monthly

Type of work: _____

Other contributions to household expenses: \$ _____

NONE

(3) Contributions to household expenses by other adult household members:

Name(s): _____

Are any of the adult household members employed? YES NO

Employer: _____

Salary or wages: _____ weekly bi-weekly monthly

Type of work: _____

Other contributions to household expenses: \$ _____

NONE

(If additional household members, please attach additional sheets as necessary.)

**I ATTACH TO THE CONFIDENTIAL DOCUMENT FORM COPIES OF THEIR MOST RECENT
PAY STUB SHOWING THEIR EARNINGS OR A NOTARIZED STATEMENT FROM THEIR
EMPLOYER SHOWING THEIR WAGES.**

(e) Property owned:

Cash: _____

Checking account: _____

Savings account: _____

Certificates of deposit: _____

Real estate (including home): _____
Motor vehicle: _____
 Make: _____ Year: _____
 Monthly payment: _____ Amount owed : _____
Stocks and bonds: _____
Other: _____

f) Debts and obligations:

My regular monthly living expenses are \$ _____ as follows:
Mortgage/rent: _____ Loans: _____
Electricity: _____ Heating: _____
Water/sewer: _____ Food: _____
Transportation: _____ Clothing: _____
Medical: _____ Other (specify): _____

g) Persons in my household dependent upon me for support (name, age, relationship):

	<u>Name</u>	<u>Age</u>
Spouse:	_____	_____
Children (Initials ONLY):	_____	_____
Other Persons:	_____	_____
	_____	_____

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 affidavit are true and correct. I understand that false statements herein are made subject to the penalties of 18 Pa.C.S. § 4904, relating to unsworn falsification to authorities.

WHEREFORE, I hereby request that the Court permit me to proceed *in forma pauperis*.

Date: _____ Signature: _____

Petitioner

VERIFICATION

I verify that I am the petitioner in the present action and that the facts and statements contained in the above Petition to Proceed In Forma Pauperis and Affidavit are true and correct to the best of my knowledge. I understand that any false statements would subject me to the penalties of 18 Pa.C.S. § 4904, relating to unsworn falsification to authorities.

Date: _____ Signature: _____

Petitioner

IN THE COURT OF COMMON PLEAS FOR ADAMS COUNTY, PENNSYLVANIA

CONSENT FOR RELEASE OF CONFIDENTIAL INFORMATION

I, _____, having filed with the Court an Affidavit requesting In Forma Pauperis Status standing, hereby consent to the release of any information which may be requested by the Judges of the Court of Common Pleas of Adams County, or by any employee of Adams County acting on the behalf and at the direction of any said Judge, relating to any Unemployment Compensation, Worker's Compensation, Social Security, Department of Public Welfare or Black Lung benefits which I may receive from any county, state or federal agency which administers or handles processing of any of the above described benefits. This consent shall also authorize the release to the said Court or its designee of any information as to any compensation I am receiving, or have received in the past twelve (12) months, from any full or part time employment of any type whatsoever.

This consent shall remain in effect for a period of twelve (12) months here from. A copy or FAX of this release shall have the same legal effect as the original.

Social Security Number: _____ - _____ - _____

Board of Assistance Number (food stamps, SNAP, cash assistance, etc.): _____

Date: _____

Signature