

IN THE COURT OF COMMON PLEAS OF LAWRENCE COUNTY, PENNSYLVANIA

Plaintiff(s)

Vs

No. _____ of _____ C.A.

Defendant(s)

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 the proceeding.

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

3. I represent that the information below, relating to my ability to pay the fees and costs, is true and correct.

(a) Name: _____ Social Security Number: _____

Address: _____

(b) **Employment:** If you are presently employed, state employer's name and address:

Salary or wages per month: _____

Type of work: _____

If you are presently unemployed, state date of last employment: _____

Salary or wages per month: _____

Type of work: _____

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

Business or profession: _____

Other self employment: _____

Interest: _____ Dividends: _____

Pension and Annuities: _____ Social Security Benefits: _____

Unemployment Compensation and Supplemental Benefits: _____

Workman's compensation: _____ Public assistance: _____

Other: _____

(d) **Other contributions to household support:** _____

(Wife) (Husband) Name: _____

If your (wife) (husband) is employed, state name of employer: _____

Salary or wages per month: _____ Type of work: _____

Contributions from parents: _____ Contributions from children: _____

Other contributions: _____

(e) **Property owned:**

Cash: _____ Checking account: _____ Savings account: _____

Certificate of Deposit: _____ Stocks, Bonds: _____

Real Estate (including home): _____

Motor vehicle: Make: _____ Year: _____

Cost: _____ Amount Owed: _____

Other: _____

(f) **Debts and obligations:**

Mortgage: _____ Rent: _____

Loans: _____

Other: _____

(g) **Persons dependent upon you for support:**

(Wife) (Husband) Name: _____

Names and ages of children: _____

4. I understand that I have a continuing obligation to inform the court of my 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.A. Section 4904, relating to unsworn falsification to authorities.

Date: _____ Petitioner: _____
(your signature)

Phone: _____

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ORDER OF COURT

AND NOW, this _____ day of _____, _____ upon consideration of the foregoing Petition, the Petitioner is hereby granted leave to proceed Informa Pauperis. All court costs assessed by the Prothonotary or Sheriff of Lawrence County in the above-captioned matter for filing, copying, certifying and serving pleading or for issuing subpoenas are **WAIVED** as to Petitioner. The Petitioner shall inform this court of any improvement in his/her financial circumstances which would permit him/her to pay the court costs.

BY THE COURT,

JUDGE