

\_\_\_\_\_  
(Plaintiff's name)

IN THE COURT OF COMMON PLEAS  
OF McKEAN COUNTY, PENNSYLVANIA

vs.

CIVIL ACTION

\_\_\_\_\_  
(Defendant's name)

No. \_\_\_\_\_ CD \_\_\_\_\_

**PETITION TO PROCEED IN FORMA PAUPERIS**

TO THE COURT:

Petitioner respectfully represents as follows:

1. I am indigent and unable to pay the costs of this proceeding.
2. An affidavit showing my inability to pay fees and costs is attached hereto.

WHEREFORE, Petitioner requests that this Honorable Court grant leave to proceed In Forma Pauperis in this matter.

\_\_\_\_\_  
Petitioner

I verify that the statements made in this Petition 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.

\_\_\_\_\_  
Petitioner

---

**ORDER**

AND NOW, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, Petitioner is granted leave to proceed in Forma Pauperis.

The waiver of In Forma Pauperis status is for the waiver of \_\_\_\_\_ only. No additional fees or costs shall be waived without further petition and Order of Court.

BY THE COURT:

\_\_\_\_\_  
JUDGE

AFFIDAVIT

1. I am the plaintiff/defendant 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.
2. I am unable to obtain funds from anyone, including my family and associates, to pay the costs of litigation.
3. I am, or will be, seeking this relief in the following proceeding(s): [Explain IN DETAIL what type of order or action you are filing, upon which the Court will act, that warrants this relief. For example—change of custody, increase in support, filing a complaint, etc...]

---

---

---

---

---

---

4. Please list the exact fees you are asking to be waived:

---

---

5. If you believe that you do not have sufficient current monies/funding to pay the standard fees for this case, please explain why you believe you will be unable to obtain sufficient funds in the near future to do so. (For example, explain if you have searched work, the results of that search, if you are unable to work, etc.)

---

---

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

a. Name: \_\_\_\_\_

Address: \_\_\_\_\_

- b. Employment

*If you are presently employed, state:*

Employer: \_\_\_\_\_

Address of Employer: \_\_\_\_\_

Salary/Wages PER MONTH: \_\_\_\_\_

Type of Work: \_\_\_\_\_

*If you are presently unemployed, state:*

Date of last employment: \_\_\_\_\_

Salary/Wages PER MONTH: \_\_\_\_\_

Type of Work: \_\_\_\_\_

c. Other income within past 12 months: (LIST AMOUNT FOR EACH)

Business or profession: \_\_\_\_\_

Other self-employment: \_\_\_\_\_

Interest: \_\_\_\_\_

Dividends: \_\_\_\_\_

Pensions and annuities: \_\_\_\_\_

Social Security benefits: \_\_\_\_\_

Support payments: \_\_\_\_\_

Disability payments: \_\_\_\_\_, and  
if so, what is the nature of your disability?

\_\_\_\_\_

Unemployment Compensation and supplemental benefits: \_\_\_\_\_

Reason for Unemployment \_\_\_\_\_

Workman's Compensation: \_\_\_\_\_

Nature of Injury \_\_\_\_\_

Public Assistance: \_\_\_\_\_

Other: \_\_\_\_\_

d. Other contributions to household support

Spouse's name: \_\_\_\_\_

*If your Spouse is employed, state:*

Employer: \_\_\_\_\_

Salary/Wages PER MONTH: \_\_\_\_\_

Type of work: \_\_\_\_\_

Contributions from children: \_\_\_\_\_

Contributions from parents: \_\_\_\_\_

Other contributions: \_\_\_\_\_

e. Property owned:

i. Cash: \_\_\_\_\_

ii. Checking account: \_\_\_\_\_

iii. Savings account: \_\_\_\_\_

iv. Certificates of deposit: \_\_\_\_\_

v. Real estate: \_\_\_\_\_

vi. Motor vehicle:            Make:            Year:

   Cost:            Amount Owed:

vii. Stocks, bonds: \_\_\_\_\_

viii. Other: \_\_\_\_\_

- f. Debts and obligations:
  - i. Mortgage: \_\_\_\_\_
  - ii. Rent: \_\_\_\_\_
  - iii. Loans: \_\_\_\_\_
  - iv. Other: \_\_\_\_\_

- g. Persons dependent upon you for support:
  - Spouse's name: \_\_\_\_\_
  - Children:

	Name:	Age:
_____		
_____		
_____		
_____		

Other persons (list name(s) and relationship to you):

\_\_\_\_\_

\_\_\_\_\_

- 7. 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.
- 8. 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.

Date signed: \_\_\_\_\_, \_\_\_\_\_, Petitioner  
 (signature)