

IN THE COURT OF COMMON PLEAS OF WASHINGTON COUNTY, PENNSYLVANIA
CIVIL DIVISION

_____)
)
Plaintiff,)
)
-vs-) No. _____
)
_____)
)
Defendant.)

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 prosecuting or defending the action or proceeding.
2. I am unable to obtain funds from anymore, 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:

(a) Name: _____

Address: _____

(b) Employment:

If you are presently employed, state

Employer: _____

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: _____

Support payments: _____

Disability payments: _____

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:

Employer: _____

Salary or wages per month: _____

Type of work: _____

Contributions from children: _____

Contributions from parents: _____

Other contributions: _____

(e) Property owned:

Cash: _____

Checking account: _____

Savings account: _____

Certificates of deposit: _____

Real Estate (including home): _____

Motor vehicle: Make _____, Year _____, Cost _____

Amount owed \$ _____

Stocks, bonds: _____

Other: _____

(f) Debts and obligations:

Mortgage: _____

Rent: _____

Loans: _____

Other: _____

(g) Persons dependent upon you for support:

(Wife) (Husband) Name: _____

Children, if any:

Name: _____ Age _____

_____ Age _____

_____ Age _____

Other persons:

Name: _____

Relationship: _____

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.

Date: _____

Petitioner

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))
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))
_____))
))
Defendant.))

ORDER

AND NOW, this ____ day of _____, 20____, upon consideration of
the Petition to Proceed In Forma Pauperis is hereby GRANTED/DENIED.

BY THE COURT:

_____, **J.**