

IN THE COURT OF COMMON PLEAS OF DELAWARE COUNTY, PENNSYLVANIA

	:	NO. _____
Plaintiff	:	
	:	
v.	:	
	:	
	:	
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 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 represent that the information below relating to my ability to pay the fees and costs is true and correct.
4. Please answer all questions.
5. **You may be required to attend a Court Hearing and provide evidence in support of your request to proceed In Forma Pauperis**

(a) Name: \_\_\_\_\_

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

\_\_\_\_\_

Phone Number \_\_\_\_\_

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

**(b) Employment**

**If you are presently employed, state the following:**

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

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

Salary or wages per month: \_\_\_\_\_

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

**You must attach a copy of the following documentation:**

1. Your most recent Federal and State Income Tax Return.
2. Your most recent year to date pay stub for you.

**If you are presently unemployed, state the following:**

Date of Last Employment: \_\_\_\_\_

Salary or Wages per Month: \_\_\_\_\_

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

**Please attach a copy of the following documentation:**

1. Letter of grant/denial of unemployment or worker's compensation **OR**
2. Statement of unemployment compensation or worker's compensation.

**(c) Other income within the past twelve (12) months:**

**Please attach documentation for each form of income listed below that you receive.**

1. Business or Profession: \_\_\_\_\_

2. Are you the beneficiary of any Trust, Annuity or Settlement: Yes \_\_\_ No \_\_\_  
Please explain and provide documentation: \_\_\_\_\_

\_\_\_\_\_

3. Self-Employment: \_\_\_\_\_
4. Interest: \_\_\_\_\_
5. Dividends: \_\_\_\_\_
6. Investments: \_\_\_\_\_
7. Pension and/or Annuities: \_\_\_\_\_
8. Social Security Benefits: \_\_\_\_\_
9. Support Payments: \_\_\_\_\_
10. Disability Payments: \_\_\_\_\_
11. Unemployment Compensation and Supplemental Benefits: \_\_\_\_\_  
\_\_\_\_\_
12. Workmen's Compensation: \_\_\_\_\_
13. Public Assistance: \_\_\_\_\_
14. Contributions from Parents: \_\_\_\_\_
15. Contributions from Children: \_\_\_\_\_
16. Other: \_\_\_\_\_  
\_\_\_\_\_

**(d) Please list any other adult members of your household and their income**

1. Name: \_\_\_\_\_  
Source of Income: \_\_\_\_\_  
Amount of Income \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_
2. Name: \_\_\_\_\_

Source of Income: \_\_\_\_\_

Amount of Income \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_

**(e) Property Owned**

Cash: \_\_\_\_\_

Checking Account(s): \_\_\_\_\_

Savings Account(s): \_\_\_\_\_

Certificate(s) of Deposit: \_\_\_\_\_

Real Estate (including home): \_\_\_\_\_

\_\_\_\_\_

Motor Vehicles:    Make: \_\_\_\_\_                      Year: \_\_\_\_\_

   Cost: \_\_\_\_\_

Amount Owed: \$ \_\_\_\_\_

   Make: \_\_\_\_\_                      Year: \_\_\_\_\_

   Cost: \_\_\_\_\_

Amount Owed: \$ \_\_\_\_\_

Stocks and Bonds: \_\_\_\_\_

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

**(f) Debts and Obligations**

Mortgage: \_\_\_\_\_

Rent: \_\_\_\_\_

Loan(s): \_\_\_\_\_

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

\_\_\_\_\_

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

Spouse's Name: \_\_\_\_\_

Children, if any:

Name: \_\_\_\_\_ Age: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Other Persons:

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

6. I understand that I have a continuing obligation to inform the Court of improvements in my financial circumstances which would permit me to pay the costs incurred herein.
7. I further understand that if my Petition is approved, the Order shall allow only for the waiver of the one filing fee/cost for this action. Waiver of any other costs will require the filing of another Petition and Affidavit with supporting documentation.
8. I verify that the statements made in this affidavit are true and correct. I understand that false statements herein are subject to the penalties outlined in 18 Pa.C.S. §4904, relating to unsworn falsification to authorities.

PETITIONER: \_\_\_\_\_

DATE: \_\_\_\_\_