

IN THE COURT OF COMMON PLEAS OF THE 44TH JUDICIAL DISTRICT
WYOMING COUNTY BRANCH- CIVIL ACTION – LAW

_____, : No.: _____
Plaintiff :
VS. :
_____, :
Defendant :

APPLICATION TO PROCEED IN FORMA PAUPERIS

Kindly allow _____ in the above-captioned matter to proceed In Forma Pauperis based upon the attached Affidavit.

I believe I am unable to pay the costs involved in this case.

Signature Proceeding Pro Se
(If not signed, your application will be denied)

ORDER

AND NOW, this _____ day of _____, 20____, upon consideration of the attached Application to Proceed In Forma Pauperis and the income affidavit, the same is **GRANTED/DENIED**.

BY THE COURT,

RUSSELL D. SHURTLEFF, PRESIDENT JUDGE

IN THE COURT OF COMMON PLEAS OF THE 44TH JUDICIAL DISTRICT
WYOMING COUNTY BRANCH- CIVIL ACTION – LAW

_____, : No.: _____
Plaintiff :
VS. :
_____, :
Defendant :

AFFIDAVIT FOR LEAVE TO PROCEED
IN FORMA PAUPERIS

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 the 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:

a. NAME: _____
Address: _____
Phone Number: _____

b. EMPLOYMENT: If you are presently employed, state:
Address: _____
Yearly or Monthly Gross Salary (**ONLY**) (please specify): _____
(**No hourly amounts (example \$800 per hour) or your application will be automatically denied**)
Type of work: _____

c. Yearly Gross Income for any other individual who currently resides with you and their relationship to you:

d. Other income within the past twelve months: _____
Business of profession: _____
Other self-employment: _____
Interest: _____
Dividends: _____
Pension and Annuities: _____
Social Security Benefits: _____
Support Payments: _____
Child Support payments received: _____
Child Support payments paid out: _____
Disability Payments: _____
Unemployment Compensation and Supplemental Benefits: _____

Workman's Compensation: _____
Public Assistance: _____
Other: _____

e. 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: _____

f. Property Owned:
Cash: _____
Checking Account – balance only: _____
Savings Account – balance only: _____
Certificate of Deposit – balance only: _____
Real Estate (including home): _____
Motor Vehicle: Make _____, Year _____, Cost _____
Amount Owed: _____
Stocks: _____ Bonds: _____
Other: _____

g. Debts and Obligations:
Mortgage: _____
Rent: _____
Loans: _____
Other: _____

h. Persons dependent upon you for support:
(Wife) (Husband) Name: _____

Children – initials only, if any:

_____ Age: ___ Reside: full or part time
_____ Age: ___ Reside: full or part time
_____ Age: ___ Reside: full or part time
_____ Age: ___ Reside: full or part time
_____ Age: ___ Reside: full or part time
_____ Age: ___ Reside: full or part time

(Please specify if each child resides with you on a full or part time basis)

Other persons:

Name: _____

Relationship: _____

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.A. §4904, relating to unsworn falsification to authorities.

Signature Proceeding Pro Se
(If not signed, your application will be denied)