

IN THE COURT OF COMMON PLEAS OF LEBANON COUNTY, PENNSYLVANIA

CRIMINAL

COMMONWEALTH OF PENNSYLVANIA
VS.

ACTION NUMBER: CP-38-SA-

APPLICATION TO APPEAL
SUMMARY CONVICTION

ORDER

AND NOW, this ____ day of _____, _____ after consideration of the application to file Notice of Appeal from Summary Conviction In Forma Pauperis, and after hearing such other matters as are relevant to this request, the application is hereby _____.

BY THE COURT,

_____, J.

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ACTION NUMBER: CP-38-SA-

APPLICATION TO APPEAL
SUMMARY CONVICTION

APPLICATION TO FILE NOTICE OF APPEAL FROM SUMMARY CRIMINAL CONVICTION

IN FORMA PAUPERIS

1. My Name is: _____
My Address is: _____

2. I am charged with the Summary Offense of: _____
Date of Sentence: _____
By District Magistrate: _____
3. I desire to file a Notice of Appeal from Summary Criminal Conviction and I am unable to pay the filing fee required.
4. My income is as follows: (Monthly)
Welfare: _____ \$ _____
Job (Employer): _____ \$ _____
Spouse's Job (Employer): _____ \$ _____
Unemployment (Starting Date): _____ \$ _____
Disability (type): _____ \$ _____
Other (type): _____ \$ _____
(ie. Child support, Social Security, Pension, Trust)
5. Property & Assets Owned:
Money \$ _____ (Bank) \$ _____ (Home) \$ _____ (Person) \$ _____ (Total)
6. Vehicles (Cars, trucks, motorcycles, trailers, boats, airplanes, etc.)
_____ Value \$ _____
_____ Value \$ _____

7. Real Estate _____ Value \$ _____
Amount owed on Real Estate \$ _____

8. Family Support and Unusual Debts & Expenses:

I provide support for the following persons who live in my home:

Husband _____ Wife _____ Children _____ (Ages _____)

Parents _____ (Ages: _____) Others (Relationship _____)

9. I do or do not provide for my own living expenses

(circle one)

If you do not provide for your own living expenses, explain who provides your support and how much:

10. In addition to ordinary debts and expenses, I have the following unusual debts on which I am presently paying:

Loans \$ _____/month

Child Support \$ _____/month

Taxes \$ _____/month

Court fines or restitution \$ _____/month

Major medical or dental bills \$ _____/month

Other (Rent _____ Electric _____ etc.) \$ _____/month

I, _____, have read the foregoing application and know the contents thereof and the same are true to my own knowledge except as to matters therein stated to be alleged as to persons other than myself, and, as to those matters I believe it to be true. I certify that I am unable to pay the filing fee in this case and wish to proceed in forma pauperis. 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.S. 4904 relating to unsworn falsification to Authorities.

(Defendant's Signature)

(Defendant's Phone Number)