

FORMS

IN FORMA PAUPERIS PETITION

***IT IS STRONGLY RECOMMENDED THAT YOU CONSULT
AN ATTORNEY***

DISCLAIMER

THE STAFF IN ANY COURT OFFICE ARE UNABLE TO GIVE YOU LEGAL ADVICE. THE INFORMATION IN THE PACKETS IS NOT A SUBSTITUTE FOR PROFESSIONAL LEGAL ADVICE. THE COURT ASSUMES NO RESPONSIBILITY AND ACCEPTS NO LIABILITY FOR ACTIONS TAKEN BY USERS OF THESE DOCUMENTS, INCLUDING RELIANCE ON THEIR CONTENTS. IF YOU WANT TO OBTAIN THE SERVICES OF AN ATTORNEY BUT DO NOT KNOW WHOM TO CONTACT, YOU MAY CALL THE LEBANON COUNTY BAR ASSOCIATION AT (717)273-3113 WEEKDAYS BETWEEN 10:00 A.M. AND 2:00 P.M.

IN THE COURT OF COMMON PLEAS OF LEBANON COUNTY, PENNSYLVANIA

_____,
Plaintiff :
v. : CIVIL ACTION-LAW
_____, :
Defendant. : NO. _____

ORDER TO PROCEED IN FORMA PAUPERIS

AND NOW, this _____ day of _____, upon presentation and consideration of the within Motion to Proceed In Forma Pauperis and Affidavit of Financial Status and pursuant to Pa.R.C.P. No. 240, the following Order is entered:

Petitioner is hereby allowed to proceed In Forma Pauperis.

BY THE COURT,

_____ J.

IN THE COURT OF COMMON PLEAS OF LEBANON COUNTY, PENNSYLVANIA

_____,
Plaintiff :
v. : CIVIL ACTION-LAW
_____, :
Defendant. : NO.

MOTION FOR ORDER TO PROCEED IN FORMA PAUPERIS

Upon the Affidavit of Financial Status attached hereto, Petitioner, respectfully moves this Honorable Court pursuant to Pa.R.C.P. No. 240, to issue an Order allowing him/her to proceed in forma pauperis.

Respectfully Submitted:

DATE: _____

Petitioner

IN THE COURT OF COMMON PLEAS OF LEBANON COUNTY, PENNSYLVANIA

_____,
Plaintiff :
: CIVIL ACTION-LAW
v. :
: NO. _____
_____,
Defendant. :

AFFIDAVIT OF FINANCIAL STATUS

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 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: _____

Telephone Number _____
Social Security Number: _____

b. Employment

If you are presently employed, state (If not enter "none")

Employer: _____
Address: _____

Salary or wages per month: (Net after taxes) \$ _____/Mo.

Type of work _____

If you are presently unemployed, state

Date of last employment: _____

Previous salary or wages per month: _____

Type of work: _____

c. Other income within the past twelve months Month Last Rec'd Amt. Per Mo.
(Do not leave blanks. Enter 0 or "none" as appropriate)

Business or profession:	_____	_____	\$ _____
Other self-employment:	_____	_____	_____
Interest:	_____	_____	_____
Dividends:	_____	_____	_____
Pension and annuities:	_____	_____	_____
Social Security / SSI benefits:	_____	_____	_____
Support payments:	_____	_____	_____
Disability benefits:	_____	_____	_____
Unemployment Comp. Benefits:	_____	_____	_____
Workman's compensation:	_____	_____	_____
Public Assistance (TANF):	_____	_____	_____
Other:	_____	_____	_____
	_____	_____	_____

TOTAL OTHER INCOME CURRENTLY RECEIVING \$ _____/Mo.

d. Other contributions to household support
(Do not leave blanks. Enter 0 or "none" as appropriate)

(Wife) (Husband) Name: _____

If your (wife) (husband) is employed, state

Employer: _____
 Salary or wages per month: \$ _____
 Type of work: _____
 Contributions from children :per month _____ \$ _____
 Contributions from parents: per month _____ \$ _____
 Other Contributions: _____ \$ _____

TOTAL OTHER CONTRIBUTIONS CURRENTLY RECEIVING \$ _____/Mo.

TOTAL OF ALL INCOME CURRENTLY RECEIVING \$ _____/Mo.

(Add Totals from 3b, 3c, and 3d.)

e. Property Owned / Assets *(Do not leave blanks. Enter 0 or "none" as appropriate)*

Cash on hand _____
 Checking Account: Balance _____
 Savings Account Balance _____
 Certificates of Deposits Amt _____
 Real estate (including home): _____
 Motor Vehicle: Make _____, Year _____
 Cost _____, Amount owed \$ _____
 Stocks; bonds: _____
 Other: _____

f. Debts, Obligations and Expenses (Do not leave blanks. Enter 0 or "none" as appropriate)

<u>For What</u>	<u>To Whom</u>	<u>Amount.Behind</u>	<u>Payment Per Mo.</u>
Rent/Mortgage	_____	_____	_____
Electric	_____	_____	_____
Gas	_____	_____	_____
Water/Sewer	_____	_____	_____
Trash	_____	_____	_____
Phone	_____	_____	_____
Cable	_____	_____	_____
Food (not covered by food stamps received)			_____
Other non-food items			_____
Car payments	_____	_____	_____
Other Transp.	_____	_____	_____
Car insurance	_____	_____	_____
Gas for Car	_____	_____	_____
Child Care	_____	_____	_____
Child support	_____	_____	_____
Medical bills	_____	_____	_____
Health Insurance	_____	_____	_____
Loan payments	_____	_____	_____
Fines or Costs	_____	_____	_____
Other _____	_____	_____	_____
Other _____	_____	_____	_____
<u>TOTAL DEBTS AND EXPENSES</u>		\$ _____	\$ _____

g. Persons depending upon you for support (Do not leave blanks. Enter "none" if appropriate)

(Wife) (Husband) Name: _____

Children, if any:

Name _____ Age _____ Name _____ Age _____

Name _____ Age _____ Name _____ Age _____

Other persons:

Name: _____ Relationship: _____

- 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.
- 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