



County Clerk of Courts Address:  Telephone:
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Docket No:

I, \_\_\_\_\_, residing at \_\_\_\_\_, request that this Court permit me to proceed in forma pauperis (without payment of the filing fee). In support of this I state the following:

1. I am the defendant in the above-captioned matter and because of my financial condition am unable to pay the fee for filing this action.
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:

**Employment Information**

If you are presently employed, state employer:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Salary or Wages per Month: \_\_\_\_\_ Type of Work: \_\_\_\_\_

If you are presently unemployed, state:

The date of my last employment was: \_\_\_\_\_  
Salary or Wages per Month: \_\_\_\_\_ Type of Work: \_\_\_\_\_

**Other Income Received Within The Past Twelve Months**

Spouse's name: \_\_\_\_\_

If spouse is presently employed, state employer:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Salary or Wages per Month: \_\_\_\_\_ Type of Work: \_\_\_\_\_

If spouse is presently unemployed, state:

The date of spouse's last employment was: \_\_\_\_\_  
Salary or Wages per Month: \_\_\_\_\_ Type of Work: \_\_\_\_\_

Contributions from Children: \_\_\_\_\_  
Contributions from Parents: \_\_\_\_\_  
Other Contributions: \_\_\_\_\_

v.

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Assets/Property Owned

Cash: \_\_\_\_\_ Certificates of Deposit: \_\_\_\_\_
Checking Account: \_\_\_\_\_ Stocks and Bonds: \_\_\_\_\_
Savings Account: \_\_\_\_\_ Other: \_\_\_\_\_

Real Estate:

Do you own a home or other real property? If so, please provide for each:

Address: \_\_\_\_\_
Assessed Value: \_\_\_\_\_ Amount Owed: \_\_\_\_\_

Motor Vehicle:

Do you own an automobile? If so, please provide for each:

Make: \_\_\_\_\_
Model: \_\_\_\_\_ Year: \_\_\_\_\_
Cost: \_\_\_\_\_ Amount Owed: \_\_\_\_\_

Debts and Obligations

Rent: \_\_\_\_\_ Loans: \_\_\_\_\_
Mortgages: \_\_\_\_\_ Other: \_\_\_\_\_

(Other than those listed above)

Persons Dependent Upon Me For Support

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

Ages of Minor Children, if any: \_\_\_\_\_

Other Persons (non-minor)

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_
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 petition are true and correct. I understand that false statements herein are made subject to penalties of 18 Pa.C.S. § 4904, relating to unsworn falsification to authorities.

[ ] I certify that this filing complies with the provisions of the Public Access Policy of the Unified Judicial System of Pennsylvania: Case Records of the Appellate and Trial Courts that require filing confidential information and documents differently than non-confidential information and documents.

Signature of Petitioner

Date

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