

IN FORMA PAUPERIS PETITION

Plaintiff(s)	Defendant(s)
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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:

b. EMPLOYMENT—if you are presently employed, state:

EMPLOYER:
ADDRESS:
SALARY OR WAGES PER MONTH:
TYPE OF WORK:

c. UNEMPLOYMENT—if you are presently unemployed, state:

DATE OF LAST EMPLOYMENT:
SALARY OF WAGES PER MONTH:
TYPE OF WORK:

d. OTHER INCOME WITHIN THE PAST TWELVE (12) MONTHS:

BUSINESS OR PROFESSION:
OTHER SELF-EMPLOYMENT:
INTEREST:
DIVIDENDS:
PENSION AND ANNUITIES:
SOCIAL SECURITY BENEFITS:
SUPPORT PAYMENTS:
DISABILITY PAYMENTS:
UNEMPLOYMENT COMPENSATION AND SUPPLEMENTAL BENEFITS:
WORKER'S COMPENSATION:
PUBLIC ASSISTANCE:
OTHER:

e. OTHER CONTRIBUTIONS TO HOUSEHOLD SUPPORT:

(WIFE) (HUSBAND) NAME:
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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:
SAVINGS ACCOUNT:
CERTIFICATES OF DEPOSIT:
REAL ESTATE (including home):
MOTOR VEHICLE: (y/n) 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:
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CHILDREN IF ANY:

NAMES	AGES:

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.

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PETITIONER SIGNATURE

\_\_\_\_\_  
DATE