

IN THE COURT OF COMMON PLEAS OF MIFFLIN COUNTY, PENNSYLVANIA

PLAINTIFF

VS

CP-44-C ____ - ____ -20 ____

DEFENDANT

PETITION TO PROCEED IN FORMA PAUPERIS

1. I am the Defendant in the above 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:

a.) My Name is: _____

My Address is: _____
Street/PO Box Town State Zip

b.) Employment:

If you are presently employed, state your:

Employer: _____

Employer's Address: _____

Salary or wages: \$ _____ (monthly)

If you are presently unemployed, state:

Date of last employment: _____ Salary or wages: \$ _____ (monthly)

Employer: _____

c.) Please list any other income received within the past twelve months:

Social security benefits: \$ _____ (monthly) Disability payments: \$ _____ (monthly)

Unemployment compensation and/or supplemental benefits: \$ _____ (monthly)

Workers' Compensation: \$ _____ (monthly) Public assistance: \$ _____ (monthly)

Other or Self-Employment \$ _____ (monthly)

d.) Other contributions to household:

Wife/Husband Name: _____

If your wife/husband is employed, please state:

Employer: _____ Salary or wages: \$ _____ (monthly)

e.) Property Owned: _____
Real Estate Value (estimate): \$ _____ Motor Vehicle Make _____
Vehicle Year _____, Cost: \$ _____, Amount Owed: \$ _____
Cash: \$ _____ Checking Account: \$ _____ Savings Account: \$ _____

f.) Debts and obligations:
Mortgage: \$ _____ (monthly) Rent: \$ _____ (monthly)
Loans: \$ _____ (monthly) Other: \$ _____ (monthly)
_____ (monthly)
(Write all of your regular monthly bills, phone, utilities, cable, insurance, etc.)

g.) Persons dependent upon you for support:

(Wife/Husband) Name: _____

Children, if any:

Initials: _____ Age: _____ Initials: _____ Age: _____

Initials: _____ Age: _____ Initials: _____ Age: _____

Initials: _____ Age: _____ Initials: _____ Age: _____

Other persons:

Name: _____ Relationship: _____

Name: _____ Relationship: _____

4. 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 3a.C.S. § 4904, relating to unsworn falsification to authorities.

Date

Signature

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PLAINTIFF

vs

CP-44-C ____ - ____ -20____

DEFENDANT

ORDER

AND NOW, this ____ day of _____, 20____, upon consideration of the within Petition to Proceed In Forma Pauperis, filed in the above matter, said petition is hereby:

____ GRANTED

____ DENIED; hearing on the within petition is scheduled for the ____ day of _____, 20____, at _____ m., in Courtroom ____ of the Mifflin County Courthouse, 20 North Main Street, Lewistown, PA 17044.

Further, in order to determine Petitioner's ability to pay, Petitioner is hereby ORDERED to bring financial documentation to the above hearing. Such documentation shall include but is not limited to a W2, a most-recent income tax return or a current pay stub, proof of social security, public assistance, disability or unemployment income. Proof of monthly mortgage or rent paid and any other relevant proof of income and expense documentation.

BY THE COURT:

Date

Judge