

# FORMS

## IN FORMA PAUPERIS PETITION

*IT IS STRONGLY RECOMMENDED THAT YOU  
CONSULT AN ATTORNEY*

### DISCLAIMER

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Plaintiff		: IN THE COURT OF COMMON PLEAS
		: DAUPHIN COUNTY, PENNSYLVANIA
		: :
v.		: NO. ____ CV ____
		: :
Defendant		: CIVIL ACTION - LAW
		: :

**ORDER GRANTING LEAVE TO PROCEED IN FORMA PAUPERIS**

**AND NOW**, this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, upon presentation and consideration of the within petition and attached certification, we grant the relief prayed for, and grant Petitioner leave to proceed with this case in forma pauperis, without the need to pay any costs connected therewith, all of which is pursuant to Pa.R.C.P. No. 240.

**BY THE COURT:**

\_\_\_\_\_  
JUDGE

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_, PA Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

_____	:	IN THE COURT OF COMMON PLEAS
Plaintiff	:	DAUPHIN COUNTY, PENNSYLVANIA
	:	
v.	:	NO. ____ CV ____
	:	
_____	:	CIVIL ACTION - LAW
Defendant	:	

**PETITION FOR LEAVE TO PROCEED IN FORMA PAUPERIS**

TO THE HONORABLE JUDGES OF SAID COURT:

Pursuant to Pa.R.C.P. No. 240, I hereby certify that I am without financial resources to pay the costs associated with my case, and therefore believe that I am entitled to proceed in forma pauperis. In support of my petition, I have attached to it a certification of indigency and incorporate it herein by reference, a certification which fully and truthfully describes my overall financial condition at the present time.

**WHEREFORE,** the undersigned asks leave of court to proceed in forma pauperis, without the need to pay any costs in connection with the instant action.

Respectfully submitted,

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Petitioner

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_, PA Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

_____	:	IN THE COURT OF COMMON PLEAS
Plaintiff	:	DAUPHIN COUNTY, PENNSYLVANIA
	:	
v.	:	NO. ____ CV ____
	:	
_____	:	CIVIL ACTION - LAW
Defendant	:	

**CERTIFICATE OF INDIGENCY**

1. I am the **(Plaintiff/Defendant)** in the above matter and because of my financial condition, I 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: \_\_\_\_\_

\_\_\_\_\_

Social Security Number: \_\_\_\_\_

(b) **Employment:** If you are presently employed, state

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Salary or wages per month: \_\_\_\_\_

Type of work: \_\_\_\_\_

If you are presently **unemployed**, state

Date of your last employment: \_\_\_\_\_

Salary or wages per month: \_\_\_\_\_

Type of work: \_\_\_\_\_

(c) **Other income** within the past twelve (12) months

Business or profession per month: \_\_\_\_\_

Other self-employment per month: \_\_\_\_\_

Interest per month: \_\_\_\_\_

Dividends per month: \_\_\_\_\_

Pensions and annuities per month: \_\_\_\_\_

Social Security benefits per month: \_\_\_\_\_

Support payments per month: \_\_\_\_\_

Disability payments per month: \_\_\_\_\_

Unemployment Compensation and supplemental benefits per week:

\_\_\_\_\_

Workers' Compensation per month: \_\_\_\_\_

Public Assistance per month: \_\_\_\_\_

Other per month: \_\_\_\_\_

(d) **Other contributions** to household support

Wife/Husband Name: \_\_\_\_\_

If your wife/husband is employed, state:

Employer: \_\_\_\_\_

Salary or wages per month: \_\_\_\_\_

Type of work: \_\_\_\_\_

Contributions from children: \_\_\_\_\_

Contributions from parents: \_\_\_\_\_

Other contributions: \_\_\_\_\_

(e) **Property owned**

Cash: \_\_\_\_\_

Checking account: \_\_\_\_\_

Savings account: \_\_\_\_\_

Certificates of deposit: \_\_\_\_\_

Real estate (including home): \_\_\_\_\_

Motor vehicle: Make: \_\_\_\_\_ Year: \_\_\_\_\_

Cost: \_\_\_\_\_ Amount Owed: \_\_\_\_\_

Stocks; bonds: \_\_\_\_\_

Other: \_\_\_\_\_

(f) **Debts and obligations** - average per month

Mortgage: \_\_\_\_\_

Rent: \_\_\_\_\_

Loans: \_\_\_\_\_

Other: \_\_\_\_\_

(g) **Persons dependent** upon you for financial support

Wife/Husband Name: \_\_\_\_\_

Children, if any:

Name: \_\_\_\_\_ Age: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Other persons dependent upon you for financial support  
(such as parents, grandparents, etc.):

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

4. 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.

5. I verify that the statements made in this affidavit are true and correct. I understand that false statements herein are being made subject to the penalties of 18 Pa.C.S. § 4904, relating to unsworn falsification to authorities.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Petitioner