

IN THE COURT OF COMMON PLEAS OF ALLEGHENY COUNTY, PENNSYLVANIA
CIVIL DIVISION

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

Plaintiff(s):

VS.

Defendant(s):

Case Number:

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Filed on behalf of:

(Name of the filing party)

Counsel of Record

Individual, If Pro Se

Name, Address, Telephone Number, and
E-mail Address:

Attorney's State ID:

Attorney's Firm ID:

IN THE COURT OF COMMON PLEAS OF ALLEGHENY COUNTY, PENNSYLVANIA
DEPARTMENT OF COURT RECORDS CIVIL/FAMILY DIVISION

VS

NO.

PETITION FOR LEAVE TO PROCEED *IN FORMA PAUPERIS*

AND NOW, comes the (plaintiff/defendant)

and respectfully requests this Honorable Court for “Leave to Proceed *In Forma Pauperis*” in the above captioned case. In support of this Petition, (plaintiff/defendant) avers as follows:

1. Plaintiff/Defendant desires to (commence a Civil Action/Appeal) to the Court of Common Pleas but is without the funds to pay the filing fee.
2. Plaintiff’s/Defendant’s financial affairs are set forth in a verified statement, a copy of which is attached to this petition as “Exhibit A”.
3. If plaintiff/defendant is not permitted to commence a Civil Action/Appeal *In Forma Pauperis*, they will be denied due process of Law and his/her rights under the Constitution of the United States and the Constitution of the Commonwealth of Pennsylvania.

WHEREFORE, plaintiff/defendant prays this Honorable Court to grant this Petition and to allow him/her to proceed without payment of the required fees.

Respectfully submitted,

Plaintiff/Defendant

IN THE COURT OF COMMON PLEAS
ALLEGHENY COUNTY, PENNSYLVANIA

DEPARTMENT OF COURT RECORDS CIVIL/FAMILY DIVISION

Exhibit A

VS

NO.

IN FORMA PAUPERIS
VERIFIED STATEMENT

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

B. Address City State Zip

C. Phone

D. EMPLOYMENT

If you are presently employed, complete the following:

Employer Name and address:

Employer phone number: Employee ID#

Monthly salary or wages \$ Type of work:

If you are presently **unemployed**, complete the following:

Date last worked: Monthly salary or wages: \$

Type of work:

E. OTHER INCOME WITHIN THE PAST 12 MONTHS (list amounts for each and explain)

Business or professional \$

Other self-employment \$

Interest earned \$

Dividends \$

Pension or Annuities \$

Social Security Benefits \$

Support payments \$

Disability payments \$

Unemployment or Supplemental benefits \$

Worker's Comp \$

Public Assistance \$

Other \$

Explanation

F. OTHER CONTRIBUTIONS TO HOUSEHOLD SUPPORT:

Name:

Name of Employer

Employer address:

City State Zip Phone

Type of work

Monthly salary or wages \$

Contributions from children \$ Contribution from parents \$

Other contributions (explain) \$

G. PROPERTY OWNED:

Cash \$ Checking \$ Savings \$

Certificates of Deposit (CD) \$ Real Estate including house \$

Motor vehicle(s) Make Model Year

Purchase price \$ Amount owed \$

Make Model Year

Purchase price \$ Amount owed \$

Stocks/Bonds \$

Other (explain) \$

H. DEBTS AND OBLIGATIONS: (Identify in detail expenses; i.e. those recurring monthly or annual payments – be specific in description.)

Mortgage \$ Rent \$ Loans \$

Other (explain)

\$

I. PERSONS DEPENDENT UPON YOU FOR SUPPORT:

Spouse Name

Number of Children (if any):

Age

Age

Age

Age

Age

Other persons:

Name	<input type="text"/>	Relationship	<input type="text"/>
Name	<input type="text"/>	Relationship	<input type="text"/>
Name	<input type="text"/>	Relationship	<input type="text"/>

4. I understand that I have a continuing obligation to inform the Court of improvement in my financial circumstances that 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 made subject to the penalties of 18 Pa. C.S. paragraph 4904, relating to unsworn falsification to authorities.

Petitioner

Date

COURT OF COMMON PLEAS
ALLEGHENY COUNTY, PENNSYLVANIA

vs

NO.

ORDER OF COURT

AND NOW, to wit, this day of 20__.

upon consideration of the foregoing Petition, it is hereby ORDERED, ADJUDGED and DECREED that the Petitioner be and hereby is permitted to file and pursue his/her appeal/action in the above captioned case without payment of costs or fees.

BY THE COURT