IN THE COURT OF COMMON PLEAS OF ALLEGHENY COUNTY, PENNSYLVANIA

CIVIL / FAMILY DIVISION

COVER SHEET

(Indicates a required field.)*

FAMILY DIVISION

Information About Case Participant(s)

1. Plaintiff(s)*

VS

2. Defendant(s)*

Case Detail Information

3. Case Number*

FD – –

4. Type of pleading*

Filing Party Information

5. Filed on behalf of *

(Name of the filing party)

6. Type of Representation*

☐ Record of Counsel

☐ Individual, If Pro Se

Contact Information of Attorney or Pro Se

7.a. Name*

7.b Address*

7.c. City or Town*

7.d State* 7.e. Zip Code*

7.f. Country*

7.g. Phone Number

7.h. Email Address

Attorney ID Information

8.a. Attorney's State ID

8.b. Attorney's Firm ID (if applicable)

Print Form Save Form Clear Entire Form

CERTIFICATE OF COMPLIANCE

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

Submitted by: _____

Signature: _____

Name: _____

Attorney No. (if applicable): _____

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

_____ ,
Petitioner

v.

_____ ,
Respondent

Case Number: FD _____

PACSES Case ID: _____

APPLICATION TO WAIVE FEES AND COSTS, IN FORMA PAUPERIS

Petitioner's Name: _____
First *Middle* *Last*

Address: _____

City, State, Zip: _____

☐ Check this box if you are currently without a house or apartment

What pleading will be filed with this application? _____

Do you currently receive one or more of the following public benefits? ☐ Yes ☐ No

- ☐ Supplemental Nutrition Assistance Program (*SNAP*, *food stamps*)
- ☐ Medicaid
- ☐ Supplemental Security Income (*SSI - not Social Security Disability Insurance (SSDI)*)
- ☐ Temporary Assistance to Needy Families (*TANF*)
- ☐ Public Housing or Section 8 Housing
- ☐ Needs-based VA Pension
- ☐ Low-Income Energy Assistance
- ☐ Special Supplemental Nutrition Program for Women, Infants, and Children (*WIC*)
- ☐ Other need-based federal, state, or local program: _____
(name of program)

If you answered "Yes", skip the remainder of the application and sign/date the verification on the last page.

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

I am providing the following information about people who live with me:

I support _____ adult children, who are incapable of self-support due to a physical or mental disability.

I support _____ children under 18.

GROSS MONTHLY INCOME (*Income before paying taxes and other deductions*)**:**

$ _____ monthly gross wages. I work as a: _____
job title / description

for _____
name of employer

$ _____ unemployment compensation. I have been unemployed since

_____ . My last employer was _____
date *name of employer*

$ _____ money received from other people.

$ _____ ☐ Retirement / Pension ☐ Disability
☐ Workers Compensation ☐ Social Security
☐ Child / Spousal Support ☐ Other Sources:

_____
describe sources

$ _____ **Total Gross Monthly Income**

ASSETS (*Current value of property*)**:**

$ _____ Cash

$ _____ Bank accounts or other financial assets

$ _____ Primary Vehicle

$ _____ Other vehicles

$ _____ House

$ _____ Other real estate

$ _____ Other property: _____

_____

_____
describe

$ _____ **Total Assets**

MONTHLY EXPENSES (*Only include expenses <u>you</u> pay*)**:**

$ _____ Rent / Mortgage payment

$ _____ Food and household supplies

$ _____ Utilities, including cell phone

$ _____ Clothing and other personal expenses

$ _____ Medical and dental expenses / insurance

$ _____ Child Care

$ _____ Transportation, including car payments and repairs

$ _____ Child and spousal support or alimony

$ _____ Other expenses: _____

_____

_____

describe

$ _____ **Total Monthly Expenses**

Are there other facts that you would like the court to know about your circumstances that may help the court decide whether to grant your application, such as you are experiencing homelessness or you have health issues?

VERIFICATION

I understand that I have a continuing obligation to inform the court of an improvement in my financial circumstances that would permit me to pay the fees and costs in this case. If I fail to inform the court of any changes in my circumstances, I understand that the court may rescind the waiver of fees and costs and order me to pay those fees and costs.

I verify that the statements made in this application 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.

_____ _____

Date Petitioner's Signature

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

_____ ,
Petitioner

v.

_____ ,
Respondent

Case Number: FD _____

PACSES Case ID: _____

ORDER OF COURT

AND NOW, this _____ day of _____, 20___, upon consideration of the foregoing Application to Waive Fees and Costs, it is hereby ORDERED:

☐ This Application to Waive Fees and Costs is GRANTED. Petitioner is hereby permitted to file and pursue this action for _____ in the above-captioned case without payment the following:

☐ Costs or fees to the Department of Court Records for this specific named action.

☐ Petitioner has past costs/fees relative to a past Protection of Abuse action and payment of those costs/fees are not required for the filing of this action.

Petitioner shall notify the Court immediately of any improvement in his or her financial circumstances, which would permit him or her to pay the costs incurred herein. The Court may modify or vacate this order if it later finds that the application was materially inaccurate or the party is able to pay the fees or costs.

If granted, this waiver of fees and costs shall expire forty-five (45) days from the date of this order, or upon dismissal or withdrawal of the action.

☐ This Petition is DENIED for the following reason(s):

If DENIED, Petitioner has 30 days to pay the filing fees or the action will be terminated without further notice. Petitioner may not proceed in the action, so long as the fee remains unpaid, except that the party may appeal the denial or obtain permission from the Court to proceed.

By the Court: _____ J.