

## **FORMS**

### **IN FORMA PAUPERIS PETITION**

***IT IS STRONGLY RECOMMENDED THAT YOU CONSULT  
AN ATTORNEY***

### **DISCLAIMER**

**THE STAFF IN ANY COURT OFFICE ARE UNABLE TO GIVE YOU LEGAL ADVICE. THE INFORMATION IN THE PACKETS IS NOT A SUBSTITUTE FOR PROFESSIONAL LEGAL ADVICE. THE COURT ASSUMES NO RESPONSIBILITY AND ACCEPTS NO LIABILITY FOR ACTIONS TAKEN BY USERS OF THESE DOCUMENTS, INCLUDING RELIANCE ON THEIR CONTENTS. IF YOU WANT TO OBTAIN THE SERVICES OF AN ATTORNEY BUT DO NOT KNOW WHOM TO CONTACT, YOU MAY CALL THE LEBANON COUNTY BAR ASSOCIATION AT (717)273-3113 WEEKDAYS BETWEEN 10:00 A.M. AND 2:00 P.M.**

IN THE COURT OF COMMON PLEAS OF LEBANON COUNTY, PENNSYLVANIA

\_\_\_\_\_,  
Plaintiff :  
v. : CIVIL ACTION-LAW  
\_\_\_\_\_, :  
Defendant. : NO. \_\_\_\_\_

**ORDER TO PROCEED IN FORMA PAUPERIS**

AND NOW, this \_\_\_\_\_ day of \_\_\_\_\_, upon presentation and consideration of the within Motion to Proceed In Forma Pauperis and Affidavit of Financial Status and pursuant to Pa.R.C.P. No. 240, the following Order is entered:

Petitioner is hereby allowed to proceed In Forma Pauperis.

BY THE COURT,

\_\_\_\_\_ J.

IN THE COURT OF COMMON PLEAS OF LEBANON COUNTY, PENNSYLVANIA

\_\_\_\_\_,  
Plaintiff :  
v. : CIVIL ACTION-LAW  
\_\_\_\_\_, :  
Defendant. : NO.

**MOTION FOR ORDER TO PROCEED IN FORMA PAUPERIS**

Upon the Affidavit of Financial Status attached hereto, Petitioner, respectfully moves this Honorable Court pursuant to Pa.R.C.P. No. 240, to issue an Order allowing him/her to proceed in forma pauperis.

Respectfully Submitted:

DATE: \_\_\_\_\_

\_\_\_\_\_  
Petitioner

IN THE COURT OF COMMON PLEAS OF LEBANON COUNTY, PENNSYLVANIA

_____	:	
	Plaintiff	:
	:	CIVIL ACTION-LAW
v.	:	
	:	NO. _____
_____	:	
	Defendant.	:

**AFFIDAVIT OF FINANCIAL STATUS**

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

**b. Employment**

**If you are presently employed, state (If not enter "none")**

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

**Salary or wages per month:** (Net after taxes) \$ \_\_\_\_\_/Mo.

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

If you are presently unemployed, state

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

Previous salary or wages per month: \_\_\_\_\_

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



**f. Debts, Obligations and Expenses** (Do not leave blanks. Enter 0 or "none" as appropriate)

<u>For What</u>	<u>To Whom</u>	<u>Amount.Behind</u>	<u>Payment Per Mo.</u>
Rent/Mortgage	_____	_____	_____
Electric	_____	_____	_____
Gas	_____	_____	_____
Water/Sewer	_____	_____	_____
Trash	_____	_____	_____
Phone	_____	_____	_____
Cable	_____	_____	_____
Food (not covered by food stamps received)			_____
Other non-food items			_____
Car payments	_____	_____	_____
Other Transp.	_____	_____	_____
Car insurance	_____	_____	_____
Gas for Car	_____	_____	_____
Child Care	_____	_____	_____
Child support	_____	_____	_____
Medical bills	_____	_____	_____
Health Insurance	_____	_____	_____
Loan payments	_____	_____	_____
Fines or Costs	_____	_____	_____
Other _____	_____	_____	_____
Other _____	_____	_____	_____
<b><u>TOTAL DEBTS AND EXPENSES</u></b>		<b>\$ _____</b>	<b>\$ _____</b>

**g. Persons depending upon you for support** (Do not leave blanks. Enter "none" if appropriate)

(Wife) (Husband) Name: \_\_\_\_\_

Children, if any:

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

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

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.

DATE: \_\_\_\_\_

\_\_\_\_\_  
Petitioner