

IN THE COURT OF COMMON PLEAS OF BEDFORD COUNTY, PENNSYLVANIA

_____ ,	:	No. ____ for the year of _____
Plaintiff	:	
vs.	:	Civil Action – Law
	:	
_____ ,	:	In Custody
Defendant	:	

ORDER OF COURT

AND NOW, this _____ day of _____, 20____, upon consideration of the Petition to Proceed in Forma Pauperis filed by _____, the plaintiff in the above-captioned matter, the Order of Court is as follows:

_____ Petitioner is denied leave to proceed in forma pauperis.

_____ Petitioner is hereby granted leave to proceed with the action to completion in this Court as follows:

_____ Court costs and fees shall be waived.

_____ Petitioner shall proceed by paying _____ percent of the Court costs and fees.

By the Court:

_____ J.

IN THE COURT OF COMMON PLEAS OF BEDFORD COUNTY, PENNSYLVANIA

_____, : No. ____ for the year of _____
Plaintiff :
vs. : Civil Action – Law
: :
_____, : In Custody
Defendant :

PETITION TO PROCEED IN FORMA PAUPERIS

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: _____
Cell Phone: _____

(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 last employment: _____
Salary or Wages per month: _____
Type of work: _____

(c) Other income within the past twelve (12) months:
(Write the gross amount (before taxes) per month that you received and the months you received this income.)

Business or profession: _____
Other self-employment: _____
Interest: _____
Dividends: _____

Pension and annuities: _____
Social security benefits: _____
Support payments: _____
Disability payments: _____
Unemployment compensation and/or supplemental benefits: _____
Workers Compensation: _____
Public Assistance: _____
Other: _____

(d) Other contributions to household support:
(Write the gross amount (before taxes) per month that you received and the months you received this income.)

(Wife) (husband) Name: _____
If your (wife) (husband) is employed, please 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: _____
Certificate of deposit: _____
Real estate (including home): _____
Motor vehicle: _____
 Make and Year: _____
 Cost: _____
 Amount Owed: _____
Stocks / Bonds: _____
Other: _____

THE AMOUNTS MUST BE LISTED IN EACH, OR EXPLAIN WHY YOU DO NOT HAVE THIS EXPENSE

(f) Debts and obligations
Mortgage or Rent per month: _____
Loans: _____
Utilities, monthly payments, such as:
 Television / cable: _____
 Gas / electric: _____
 Internet: _____
 Phone / Cell Phone: _____

Insurance: _____

Food: _____

Clothing: _____

Credit cards: _____

Other: _____

(g) Persons dependent on you for support:

(Wife) (Husband) Name: _____

Children, if any:

Name: _____

Age: _____

(h) Other persons:

Name and Relationship: _____

I understand that I have a continuing obligation to inform the Court of improvements in my financial circumstances which would permit me to pay the costs incurred herein.

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

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