

VS. : IN THE COURT OF COMMON PLEAS
: OF LUZERNE COUNTY
:
:
:
:
:
: No. of _____

Petition to Proceed *In Forma Pauperis*

I hereby request that I be permitted to proceed in forma pauperis (without payment of the initial filing fee and service costs). In support of this I state the following:

1. I am the plaintiff in the above matter and because of my financial condition am unable to pay the costs for filing and service of this action.
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 contained on the attached Affidavit relating to my ability to pay the costs is true and correct.
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 petition are true and correct. I understand that false statements herein are made subject to the penalties of 18 Pa.C.S. Sec. 4904, relating to unsworn falsification to authorities.

Date: _____

Petitioner

VS.

: IN THE COURT OF COMMON PLEAS
: OF LUZERNE COUNTY

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: No. of _____

**AFFIDAVIT IN SUPPORT OF A PETITION
FOR LEAVE 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:

(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 months

Business or profession:

Other self-employment:

Interest:

Dividends:

Pension and annuities:

Social security benefits:

Support payments:

Disability payments:

Unemployment compensation and
supplemental benefits:

Workers' compensation:

Public assistance:

Other:

(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 and bonds:

.....

Other:

.....

(f) *Debts and Obligations*

Mortgage:

.....

Rent:

.....

Loans:

.....

Other:

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.....

(g) *Persons dependent upon you for support*

(Wife) (Husband) Name:

.....

Children, if any:
Name:

Age:

Other Persons:Name:

Relationships:

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 made subject to the penalties of 18 Pa.C.S. § 4904, relating to unsworn falsification to authorities.

Date: _____

Petitioner

