# Instructions For Completing Petition To Proceed In Forma Pauperis

- 1. All blanks and all questions MUST be filled in or answered. Dollar amounts MUST be clearly stated where requested.
- 2. Service of a copy of this petition MUST be made on the opposing party or opposing party's attorney.
- 3. Your petition may be dismissed or denied for failure to properly complete all information.
- 4. If your petition is dismissed or denied, no further action may be taken without leave of court until the fees are paid. Ten (10) days after notice of the dismissal or denial the Office of Judicial Records may enter a judgment of non pros in the action or strike the appeal if the fee remains unpaid.

#### **Definition of Terms**:

<u>Affidavit</u>: A voluntary declaration of facts written down and sworn to by the declarant before an officer authorized to administer oaths.

**<u>Defendant</u>**: A person who is sued in a civil or criminal proceeding.

<u>In Forma Pauperis</u>: [Latin "in the manner of a pauper"] To proceed in the manner of an indigent who is permitted to disregard filing fees and court costs.

**Petitioner**: A party who presents a petition to a court or other official body.

<u>Plaintiff</u>: The party who brings a civil suit in a court of law against another person or entity.



# First Judicial District of Pennsylvania Court of Common Pleas of Philadelphia County Trial Division – Civil

			:	Te	erm, 20
			: (1	month)	(year)
Plainti	ff(s)		· :		
	VS.		: :		
			: NO		
			: :		
Defend	lant(s)		: :		
		<u>In Fo</u>	rma Pauperis Order		
	AND NOW, this	day of	, 20	, it is hereby	y ORDERED AND
DECR	EED that:				
1.	Petitioner be permitted	l to proceed without payi	ng the costs of this proceed	ling.	
2.	Petitioner be permitted	l to obtain service of the	papers filed without cost.		
3.	Petitioner be permitted	l to proceed in forma pau	peris as to any additional c	osts which accrue	in the course of this
	proceeding.				
4.	If there is a monetary	recovery by judgment or	settlement in favor of the p	earty permitted to p	proceed in forma pauperis,
	the exonerated fees an	d costs shall be taxed as	costs and paid to the Office	of Judicial Record	ds by the party paying the
	monetary recovery.				
5.	Petitioner has a contin	uing obligation to inform	the Court of any improver	nent in party's fina	ancial circumstances that
	will enable the party to	pay costs.			
6.	Filing party must obta	in attested copies of the o	original pleading for service	e. If more than thin	ty (30) days has expired,
	the pleading must be r	einstated first.			
			BY THE (	COURT:	
					J.

## First Judicial District of Pennsylvania Court of Common Pleas of Philadelphia County Trial Division – Civil

	_, pro se			
(your name)				
	<u> </u>			
(full address)	_			
(area code and telephone number)	_			
(area code and telephone number)				
				TEDA CO
	_	: ——	(month)	, TERM, 20 (year)
	<u> </u>	:	(monun)	(jear)
Plaintiff(s)		:		
VS.		:		
		:		
		: NO		<u> </u>
	_	:		
Defendant(s)	_	:		
Detendant(s)		•		
<u>Pe</u>	etition to Procee			
	<u>ana wiinout .</u>	Payment of B	<u>ona</u>	
TO THE HONORABLE, THE JUDGES	OF SAID COUP	т.		
TO THE HONOKABLE, THE JUDGES	OF SAID COUR	1.		
Petitioner, (Please Print Y	our Name)			, seeks leave to proceed in thi
matter in forma pauperis, and respectfully re	epresents that:			
1. I am the (indicate plaintiff or defer	ndant) Plaintiff	Defendant	in these proce	eedings.
2. I reside at (state your full address)				
-				
3. I have listed my sources and amou	nts of income truly	and correctly on	the attached aff	idavit.

	Housing:	Insurance:	
	Utilities:	Transportation:	
	(Gas):	Medical:	
	(Oil):	Loans:	
	(Electric):	Laundry:	
	(Phone):	Child Care:	
	Food:	Child Support:	
5 1	Clothing:	and and an deaf filler the Court of the training	11 )
5. I	<u>-</u>	s other than the following (state values in do	llars):
6. I	I neither own nor have equity in any assets  I am unable to pay the costs of these proce	eedings or to obtain the amount of costs fron	n family or friends.
<b>6.</b> I	I neither own nor have equity in any assets  I am unable to pay the costs of these proce		n family or friends.
<b>6.</b> I	I neither own nor have equity in any assets  I am unable to pay the costs of these proce	eedings or to obtain the amount of costs fron	n family or friends.
<b>6.</b> I	I neither own nor have equity in any assets  I am unable to pay the costs of these proce	eedings or to obtain the amount of costs fron	n family or friends.
6. I	I neither own nor have equity in any assets  I am unable to pay the costs of these proce	redings or to obtain the amount of costs from the be permitted to proceed in this matter in form	n family or friends. orma pauperis.

# First Judicial District of Pennsylvania Court of Common Pleas of Philadelphia County Trial Division – Civil

	, pro se				
(your name)					
	-				
(full address)	-				
(tun uddress)					
(area code and telephone number)	-				
				TEDM 2	0
	. :	(1	month)	, TERM, 2	(year)
Plaintiff(s)	<u>:</u> :				
VS.	:				
٧٥.	:				
	:	NO			
	:				
Defendant(s)	· · · · · · · · · · · · · · · · · · ·				
	<u>Petitioner's</u> Pursuant to PA				
		1. N.C.1 . 240			
COMMONWEALTH OF PENNSYLVANIA	: :	SS.			
COUNTY OF PHILADELPHIA	:				
<b>1.</b> I,		, am the	Plaintiff	Defendant in the	ne above
matter and because of my financial of	condition am unable	to pay the fees a	nd costs of	prosecuting or d	efending
the action or proceeding.		1 3			Ü
2. I am unable to obtain funds from any	yone, including my f	amily and associ	ates, to pay	the costs of litig	ation.
3. I represent that the information belo	ow relating to my abil	ity to pay the fee	es and costs	is true and corre	ect:
<b>a.</b> Name:					
Address					

### b. EMPLOYMENT

	If you are presently employed, state:
	Employer:
	Address:
	Salary/wages Per Month:
	Type of Work:
	If you are presently unemployed, state:
	Date of last Employment:
	Salary/Wages Per Month:
	Type of Work:
с.	OTHER INCOME WITHIN THE PAST TWELVE (12) MONTHS (state as dollar amounts)
	Business or Profession:
	Other Self-employment:
	Interest:
	Dividends:
	Pension and Annuities:
	Social Security Benefits:
	Support Payments:
	Disability Payments:
	Unemployment Compensation & Supplemental Benefits:
	Workman's Compensation:
	Public Assistance:
	Other:
d.	OTHER CONTRIBUTIONS TO HOUSEHOLD SUPPORT (state as dollar amounts)
	(Wife) (Husband) (Friend) Name:
	If your (wife) (husband) (friend) is employed, state:
	Employer:

	Salary/Wages Per Month:			
	Type of Work:			
	Contributions From Children:			
	Contributions From Parents:			
	Other Contributions:			
e.	PROPERTY OWNED (state as dollar amounts)			
	Cash:			
	Checking Account:			
	Savings Account:			
	Certificates of Deposit:			
	Real Estate (Including Home):			
	Motor Vehicle: Make:	Ye	ar:	
	Cost: \$	An	nount Owed: \$	
	Stocks & Bonds:			
	Other:			
f.	DEBTS AND OBLIGATIONS (state as dollar amount	ts)		
	Mortgage:			
	Rent:			
	Loans:			
	Other:			
g.	PERSONS DEPENDENT UPON YOU FOR SUPPOR	RT		
	(Wife) (Husband) Name:			
	Children, if any:	Age		
		Age		
		Age		
		Age		

		Name:		
		Relationship:		
	4.	I understand that I have a continuing obligation to inform the	e 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	d correct. I understand tha	t false statements herein are made
		subject to the penalties of 18 Pa. C.S. §4904, relating to unsu	worn falsification to author	rities.
		Ī	Petitioner	(Print your name)
Date:				
		Ī	Petitioner	(Sign your name)

Other Persons:\_

## Certificate of Service

I hereby certify that a true and correct copy of the foreg	oing petition was properly	served upon all other parties or their
attorney of record on the date listed below.		
	D.C.C.	(D': (
	Petitioner	(Print your name)
Date:		
	Petitioner	(Sign your name)