

# 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.**

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## **Definition of Terms:**

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

**Defendant:** A person who is sued in a civil or criminal proceeding.

**In Forma Pauperis:** [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.

**Plaintiff:** The party who brings a civil suit in a court of law against another person or entity.

**PETITION TO PROCEED IN FORMA PAUPERIS**

PHILADELPHIA COURT OF COMMON PLEAS  
**PETITION/MOTION COVER SHEET**

CONTROL NUMBER:  
  
**(RESPONDING PARTIES MUST INCLUDE THIS NUMBER ON ALL FILINGS)**

FOR COURT USE ONLY	
ASSIGNED TO JUDGE:	ANSWER/RESPONSE DATE:
<i>Do not send Judge courtesy copy of Petition/Motion/Answer/Response. Status may be obtained online at <a href="http://courts.phila.gov">http://courts.phila.gov</a></i>	

\_\_\_\_\_ Term, \_\_\_\_\_  
Month Year  
No. \_\_\_\_\_  
Name of Filing Party: \_\_\_\_\_

vs.

(Check one) Plaintiff Defendant  
(Check one) Movant Respondent  
**Has another petition/motion been decided in this case?** Yes No  
**Is another petition/motion pending?** Yes No  
*If the answer to either question is yes, you must identify the judge(s):*

INDICATE NATURE OF DOCUMENT FILED:

- Petition (Attach Rule to Show Cause) Motion
- Answer to Petition Response to Motion

TYPE OF PETITION/MOTION (see list on reverse side) <b>PETITION TO PROCEED IN FORMA PAUPERIS</b>	PETITION/MOTION CODE (see list on reverse side) <b>MTIFP</b>
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ANSWER/RESPONSE FILED TO (Please insert the title of the corresponding petition/motion to which you are responding):

**I. CASE PROGRAM**  
**Is this case in the (answer all questions):**  
**A. COMMERCE PROGRAM**  
Name of Judicial Team Leader: \_\_\_\_\_  
Applicable Petition/Motion Deadline: \_\_\_\_\_  
Has deadline been previously extended by the Court?  
Yes No  
**B. DAY FORWARD/MAJOR JURY PROGRAM** — Year \_\_\_\_\_  
Name of Judicial Team Leader: \_\_\_\_\_  
Applicable Petition/Motion Deadline: \_\_\_\_\_  
Has deadline been previously extended by the Court?  
Yes No  
**C. NON JURY PROGRAM**  
Date Listed: \_\_\_\_\_  
**D. ARBITRATION PROGRAM**  
Arbitration Date: \_\_\_\_\_  
**E. ARBITRATION APPEAL PROGRAM**  
Date Listed: \_\_\_\_\_  
**F. OTHER PROGRAM:** \_\_\_\_\_  
Date Listed: \_\_\_\_\_

**II. PARTIES** (required for proof of service)  
(Name, address and telephone **number** of all counsel of record and unrepresented parties. Attach a stamped addressed envelope for each attorney of record and unrepresented party.)

**III. OTHER**  
By filing this document and signing below, the moving party certifies that this motion, petition, answer or response along with all documents filed, will be served upon all counsel and unrepresented parties as required by rules of Court (see PA. R.C.P. 206.6, Note to 208.2(a), and 440). Furthermore, moving party verifies that the answers made herein are true and correct and understands that sanctions may be imposed for inaccurate or incomplete answers.

\_\_\_\_\_  
(Attorney Signature/Unrepresented Party) (Date) (Print Name) (Attorney I.D. No.)

**The Petition, Motion and Answer or Response, if any, will be forwarded to the Court after the Answer/Response Date. No extension of the Answer/Response Date will be granted even if the parties so stipulate.**





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

	:	Term, 20_____
	:	(month) (year)
Plaintiff(s)	:	
VS.	:	
	:	NO. _____
Defendant(s)	:	

**In Forma Pauperis Order**

AND NOW, this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_, it is hereby ORDERED AND DECREED that:

1. Petitioner be permitted to proceed without paying the costs of this proceeding.
2. Petitioner be permitted to obtain service of the papers filed without cost.
3. Petitioner be permitted to proceed in forma pauperis as to any additional costs which accrue in the course of this proceeding.
4. If there is a monetary recovery by judgment or settlement in favor of the party permitted to proceed in forma pauperis, the exonerated fees and costs shall be taxed as costs and paid to the Office of Judicial Records by the party paying the monetary recovery.
5. Petitioner has a continuing obligation to inform the Court of any improvement in party’s financial circumstances that will enable the party to pay costs.
6. Filing party must obtain attested copies of the original pleading for service. If more than thirty (30) days has expired, the pleading must be reinstated first.

**BY THE COURT:**

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

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

\_\_\_\_\_, pro se  
(your name)

\_\_\_\_\_  
\_\_\_\_\_  
(full address)

\_\_\_\_\_  
(area code and telephone number)

\_\_\_\_\_

_____	:	_____ , TERM, 20_____
	:	(month) (year)
Plaintiff(s)	:	
VS.	:	
_____	:	NO. _____
Defendant(s)	:	

**Petition to Proceed In Forma Pauperis  
and Without Payment of Bond**

**TO THE HONORABLE, THE JUDGES OF SAID COURT:**

Petitioner, (Please Print Your Name) \_\_\_\_\_, seeks leave to proceed in this matter in forma pauperis, and respectfully represents that:

1. I am the (indicate plaintiff or defendant) \_\_\_\_\_ in these proceedings.
2. I reside at (state your full address) \_\_\_\_\_  
\_\_\_\_\_
3. I have listed my sources and amounts of income truly and correctly on the attached affidavit.

4. I have the following average monthly expenses for the indicated items:

Housing: \_\_\_\_\_

Insurance: \_\_\_\_\_

Utilities: \_\_\_\_\_

Transportation: \_\_\_\_\_

(Gas): \_\_\_\_\_

Medical: \_\_\_\_\_

(Oil): \_\_\_\_\_

Loans: \_\_\_\_\_

(Electric): \_\_\_\_\_

Laundry: \_\_\_\_\_

(Phone): \_\_\_\_\_

Child Care: \_\_\_\_\_

Food: \_\_\_\_\_

Child Support: \_\_\_\_\_

Clothing: \_\_\_\_\_

5. I neither own nor have equity in any assets other than the following (state values in dollars): \_\_\_\_\_

\_\_\_\_\_

6. I am unable to pay the costs of these proceedings or to obtain the amount of costs from family or friends.

WHEREFORE, Petitioner prays that he/she be permitted to proceed in this matter in forma pauperis.

\_\_\_\_\_  
Petitioner (Print your name)

\_\_\_\_\_  
Petitioner (Sign your name)

Date: \_\_\_\_\_

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

\_\_\_\_\_, pro se  
(your name)

\_\_\_\_\_  
\_\_\_\_\_  
(full address)

\_\_\_\_\_  
(area code and telephone number)

_____	:	_____ , TERM, 20 _____
	:	(month) (year)
Plaintiff(s)	:	
VS.	:	
_____	:	NO. _____
Defendant(s)	:	

**Petitioner's Affidavit**  
**Pursuant to PA. R.C.P. 240**

COMMONWEALTH OF PENNSYLVANIA	:	
	:	SS.
COUNTY OF PHILADELPHIA	:	

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/wages

Per Month: \_\_\_\_\_

Type of Work: \_\_\_\_\_

*If you are presently unemployed, state:*

Date of last Employment: \_\_\_\_\_

Salary/Wages

Per Month: \_\_\_\_\_

Type of Work: \_\_\_\_\_

**c. 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: \_\_\_\_\_ Year: \_\_\_\_\_

Cost: \$ \_\_\_\_\_ Amount Owed: \$ \_\_\_\_\_

Stocks & Bonds: \_\_\_\_\_

Other: \_\_\_\_\_

**f. *DEBTS AND OBLIGATIONS (state as dollar amounts)***

Mortgage: \_\_\_\_\_

Rent: \_\_\_\_\_

Loans: \_\_\_\_\_

Other: \_\_\_\_\_

**g. *PERSONS DEPENDENT UPON YOU FOR SUPPORT***

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

Children, if any: \_\_\_\_\_ Age \_\_\_\_\_

\_\_\_\_\_ Age \_\_\_\_\_

\_\_\_\_\_ Age \_\_\_\_\_

\_\_\_\_\_ Age \_\_\_\_\_

Other Persons: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

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 (Print your name)

\_\_\_\_\_  
Petitioner (Sign your name)

*Certificate of Service*

I hereby certify that a true and correct copy of the foregoing petition was properly served upon all other parties or their attorney of record on the date listed below.

Date: \_\_\_\_\_

\_\_\_\_\_  
Petitioner (Print your name)

\_\_\_\_\_  
Petitioner (Sign your name)