

# 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.



**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.**



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:\_\_\_\_\_



**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)