

PETITION TO PROCEED *IN FORMA PAUPERIS* (IFP)

INSTRUCTION SHEET

These instructions are meant to give you general information and not legal advice.

A Petition to Proceed *In Forma Pauperis* (IFP) may be filed if you do not have the necessary funds required for filing a complaint or petition for custody or support. If you currently receive public assistance from the Department of Human Services or SSI benefits, you will need to complete the IFP Petition and provide proof of your benefits. If you do not receive these benefits and are requesting that the Court permit you to proceed IFP, you will need to complete the IFP Petition and the Poverty Affidavit.

1. Complete, date and sign the *In Forma Pauperis* Petition (IFP) and Poverty Affidavit (if necessary) with as much information as you have. (detailed instructions included)
2. Make two copies of the papers you are filing.
3. File the original completed IFP petition with the complaint, petition, or motion you are filing with the Court by mailing or hand-delivering them in person to:

Clerk of Court
1501 Arch Street – 11th Floor
Philadelphia PA 19102

You will not have to pay a filing fee on the complaint, petition, or motion while the Court is reviewing and deciding your IFP petition.

4. If the petition is granted, you will not have to pay a filing fee on the petition or on any other documents you file in your case. If the Court denies the petition, you will be required to pay the filing fee for your complaint, petition, or motion within ten (10) days, or the complaint, petition or motion will be rejected.

HOW TO FILL IN THE PETITION:

HEADING (CAPTION).

Fill in the names of the plaintiff and defendant in the heading of the petition exactly as they appear in the initial custody complaint. The plaintiff is the person who filed the custody complaint. The defendant is the person against whom the custody action was filed. The plaintiff and defendant keep those titles throughout the case. Check off the type of action for which you are filing by marking the appropriate box in the heading. The Domestic Relations Number (D.R. No.) is the number assigned to your case by the Court. You can find this number in the caption of your Complaint for Custody. The PASCES number is the number assigned by the Court to your support case. If you have never filed a previous complaint in custody or support, the Court will assign you a number.

LINE 1.

Check off whether you are the Plaintiff or the Defendant in the case and fill in the amount of the filing fee.

LINE 2.

Stays the same.

LINE 3.

Check off whether or not you are receiving DHS or SSI benefits and the type you are receiving if applicable. If you receive these benefits, you will need to show proof to the Court. If you do not receive DPW assistance or SSI, you will need to complete the Poverty Affidavit.

VERIFICATION

Date and sign that the statements you have made are true. Fill in your address under your signature.

ORDER

Do NOT complete anything in this section. The Court will complete this section if your request to proceed IFP is granted.

HOW TO FILL IN THE POVERTY AFFIDAVIT

You need only complete the Poverty Affidavit if you are requesting to proceed IFP and do NOT receive Department of Human Services (DHS) assistance or SSI.

HEADING (CAPTION).

Fill in the names of the plaintiff and defendant in the heading of the petition exactly as they appear in the initial custody complaint. The plaintiff is the person who filed the custody complaint. The defendant is the person against whom the custody action was filed. The plaintiff and defendant keep those titles throughout the case. The Domestic Relations Number (D.R. No.) is the number assigned your case by the Court. You can find this number in the caption of your Complaint for Custody. The PASCES number is the number assigned by the Court to your support case. If you have never filed a previous complaint in custody or support, the Court will assign you a number.

LINE 1.

Fill in your name and check whether you are the Plaintiff or the Defendant in the case.

LINE 2.

Stays the same.

LINE 3a.

Fill in your name, address and social security number.

LINE 3b.

If you are currently working, fill in your employer's name, address, the amount you earn a month and the type of work you do.

LINE 3c.

If you are not currently working, provide information regarding when you last worked and the amount you earned a month. This section also deals with any additional income which you may have had within the past 12 months. Fill in the amounts in the appropriate spaces.

LINE 3d.

This section deals with additional income that may be contributed to the home by a spouse, parent, child or other source.

LINE 3e.

Fill in any amounts related to the type of property indicated. If the amount is zero (0), indicate that.

LINE 3f.

List any outstanding financial obligations that you owe.

LINE 3g.

List the name of any person(s) relying upon you for financial support. Include the ages of your children and the relationship to you of any adult to whom you provide support.

LINE 4.

Stays the same

LINE 5.

DATE AND SIGN THE VERIFICATION THAT THE STATEMENTS YOU HAVE MADE ARE TRUE AND CORRECT.

SIGN AND DATE THE POVERTY AFFIDAVIT.

IN THE COURT OF COMMON PLEAS OF PHILADELPHIA COUNTY

_____	:	
Plaintiff	:	FAMILY COURT DIVISION
	:	<input type="checkbox"/> Custody <input type="checkbox"/> Partial Custody
vs.	:	<input type="checkbox"/> Visitation <input type="checkbox"/> Support
	:	
_____	:	D.R. No.:
Defendant	:	
	:	PACSES No.:
	:	

PETITION TO PROCEED IN FORMA PAUPERIS

TO THE HONORABLE, THE JUDGES OF SAID COURT:

- (1) I am the (check one) **PLAINTIFF** **DEFENDANT** in the above matter and because of my financial condition I am unable to pay the required filing fee of \$ _____.
- (2) I am unable to obtain funds from anyone, including my family and associates, to pay this fee.
- (3) Check one:
 - I am currently a recipient of the following type(s) of Benefits from the Pennsylvania Department of Human Services or Social Security Administration: (Check all that apply and be prepared to present to the filing clerk supporting documentation that you are currently receiving the benefits(s))
 - _____ cash benefits
 - _____ medical benefits
 - _____ SSI
 - I am not currently receiving cash or medical Public Assistance benefits, but I am attaching a completed Poverty Affidavit that verifies my financial condition, and why I cannot afford to pay the aforementioned filing fee.

I verify that the statement made in this Petition, and attached Poverty Affidavit (if applicable), 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: _____

Name of Petitioner

Address: _____

ORDER
IN THE COURT OF COMMON PLEAS OF PHILADELPHIA COUNTY

Plaintiff	:	
vs.	:	FAMILY COURT DIVISION
	:	<input type="checkbox"/> Custody <input type="checkbox"/> Partial Custody
	:	<input type="checkbox"/> Visitation <input type="checkbox"/> Support
	:	
Defendant	:	D.R. No.:
	:	
	:	PACSES No.:

ORDER

AND NOW, this ____ day of _____, upon consideration of the foregoing Petition, and attached Poverty Affidavit (if applicable), it is hereby ORDERED that the petitioner be excused from payment of the filing fee in this matter

BY THE COURT:

J.

You do not need to fill out this petition if you receive benefits from the Department of Human Services or the Social Security Administration.

IN THE COURT OF COMMON PLEAS OF PHILADELPHIA COUNTY

Plaintiff

vs.

Defendant

:

:

FAMILY COURT DIVISION

Custody Partial Custody

Visitation Support

:

D.R. No.:

:

PACSES No.:

:

POVERTY AFFIDAVIT

1. I, _____ am the (check one) **PLAINTIFF** **DEFENDANT** in a support/custody matter, and because of my financial condition I 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 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: _____

Social Security Number: _____

Employment:

(b) If you are presently employed, state:

Employer: _____

Employer Address: _____

Annual or Monthly Gross Salary (please specify): _____

Type of Work: _____

(c) If you are unemployed: state:

Date of last employment: _____

Salary or Wages per month: _____

Type of Work: _____

Other income within the past twelve months:

Business or profession: _____

Other Self-employment: _____ Support payments: _____

Interest: _____ Disability payments: _____

Dividends: _____

Unemployment compensation
and/or supplemental benefits: _____

Pension & annuities: _____ Public assistance/TANF: _____

Other: _____

(d) Other contributions to household support:

Wife/Husband (**circle one**) Name: _____

If your wife/husband is employed, state:

Employer: _____

Salary or wages per month: _____

Type of Work: _____

Contributions from children per month: _____

Contributions from parent per month: _____

Other contributions per month: _____

(e) Property owned:

Cash: _____

Checking account: _____

Saving account: _____

Certificates of deposit: _____

Real estate (including home): _____

Motor vehicle: Make: _____ Year: _____

Cost: _____ Amount Owed: _____

Stocks; Bonds: _____

Other: _____

(f) Debts and obligations

Mortgage: _____

Rent: _____

Loans: _____

Other: _____

(g) Persons dependent upon you for support:

Wife/Husband Name: _____

Child(ren) (if any):

Names(s)

Age(s)

Other Persons:

Name(s)

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 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