FIRST JUDICIAL DISTRICT, COURT OF COMMON PLEAS
ORPHANS' COURT DIVISION

APPLICATION TO WAIVE FEES AND COSTS

Pursuant to Pa.R.J.A. 1990 (*In Forma Pauperis*)

APPLICATION INFORMATION

If you are proceeding in an Orphans' Court case *pro se* (without an attorney representing you) and cannot afford to pay the required filing fees or costs, you may be eligible for a waiver. You need to apply for a waiver by completing and signing an Application. The Application asks you for information about your ability to pay the fee or cost. Untrue statements made on the Application may result in criminal charges.

Once you complete and sign the Application, it must be filed with the Clerk of the Orphans' Court either electronically through the court's website at: https://www.courts.phila.gov, or in person in City Hall, Room 415, Philadelphia, PA 19107. The court will then decide whether you qualify for a waiver. To help the court decide, you may be asked to provide more information or appear before a judge.

If the court does not approve your Application, then you must pay the required fee or cost within thirty (30) days of that decision, or you may appeal the decision. If fees remain unpaid after thirty (30) days, your case may be dismissed or your responsive pleading(s) may be stricken from the record without further notice.

This Application does not need to be served on the opposing parties.

Court of Common Pleas of Philadelphia County
Orphans' Court Division

Cover Sheet

FOR COURT USE ONLY
ASSIGNED TO JUDGE
CONTROL NO. *Responding parties must include this number on all filings.*

NAME OF ESTATE	ORPHANS' COURT NUMBER

TYPE OF ESTATE

☐ Decedent's Estate ☐ Trust Inter Vivos ☐ Testamentary Trust ☐ Incapacitated Person ☐ Minor

☐ Principal *(power of attorney)* ☐ Non-Profit Corporation ☐ Special Needs Trust ☐ Other *(specify)* _____

FILING PARTY'S RELATIONSHIP TO ESTATE

PLEADING OR DOCUMENT FILED

APPLICATION TO WAIVE FEES AND COSTS (*IN FORMA PAUPERIS)*

NAME OF FILING PARTY (NOT COUNSEL FOR THE PARTY)	ADDRESS

ATTORNEYS MUST CHECK ONE BOX

TO THE CLERK OF ORPHANS' COURT:

☐ Kindly enter my appearance on behalf of ☐ I have entered my appearance on behalf of

_____

NAME OF FILING ATTORNEY OR PARTY		ADDRESS
PHONE NUMBER	FAX NUMBER	
SUPREME COURT IDENTIFICATION NO.		E-MAIL ADDRESS
SIGNATURE OF FILING ATTORNEY OR PARTY		DATE

OTHER PARTIES *(Name, address, and telephone number of unrepresented parties or all counsel already of record. If needed, use separate sheet.)*

Is notice required?	If Citation is requested:	Has another petition been decided in this case?
☐ No	1. Was Citation against Respondent previously issued? ☐ Yes ☐ No	☐ Yes ☐ No
☐ Yes. Copy of notice attached to pleading. Date of Notice: _____	2. If yes, date of service:	Is another petition pending? ☐ Yes ☐ No
☐ Yes. All joinders are attached.		If yes, identify the Judge:

FOR COURT USE ONLY - FIRST FILINGS ONLY *(If Applicable)*

DATE OF BIRTH	DATE OF DEATH	REGISTER OF WILLS NUMBER	DATE OF DEED OF TRUST

The Filing Party shall complete the information at the bottom of the Cover Sheet filed with the Clerk, and not the service copies. The information will only be used by the Clerk. The Clerk shall not release this information to the general public.

COURT OF COMMON PLEAS OF PHILADELPHIA COUNTY
ORPHANS' COURT DIVISION

O.C. No. _____ ____ of 20_____

Control No. _____

Estate of _____, _____

DECREE TO WAIVE FEES AND COSTS (*IN FORMA PAUPERIS*)

AND NOW, this _____ day of _____, 20____, upon consideration of the Application to Waive Fees and Costs, it is hereby **ORDERED AND DECREED** that Petitioner is permitted to proceed without paying filing fees and costs of this proceeding.

Petitioner has a continuing obligation to inform the Court of an improvement in their financial circumstances that would enable them to pay any waived fees and costs.

BY THE COURT:

_____

J.

COURT OF COMMON PLEAS OF PHILADELPHIA COUNTY
ORPHANS' COURT DIVISION

O.C. No. _____ ____ of 20_____

Control No. _____

Estate of _____ , _____

APPLICATION TO WAIVE FEES AND COSTS (*IN FORMA PAUPERIS)*

Petitioner Name:_____
First *Middle* *Last*

Address:_____

City, State, Zip: _____

☐ Check the box if you are currently without a house or apartment

Do you currently receive one or more of the following public benefits?

- Supplemental Nutrition Assistance Program (SNAP) (food stamps)
- Medicaid
- Supplemental Security Income (SSI) (Not Social Security Disability Insurance (SSDI))
- Temporary Assistance to Needy Families (TANF)
- Public Housing or Section 8 Housing
- Needs-based VA Pension
- Low-Income Energy Assistance
- Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)
- Other need-based federal, state, or local program(s):_____
(Name of program(s))

☐ Yes ☐ No

If you answered "Yes," skip the remainder of the form and sign/date the VERIFICATION

I am providing the following information about the number of people who live with me:

I support _____ adult children, who are incapable of self-support due to a physical or mental disability.

I support _____ children under 18.

GROSS MONTHLY INCOME (income before paying taxes and other deductions)

$ _____ Monthly gross wages. I work as a _____
(job title/description)

for_____ *(name of employer)*

$ _____ Unemployment compensation. I have been unemployed since_____
(*date)*

My last employer was _____.
(name of employer)

$ _____ Money received from other people.

$ _____

- ☐ Retirement/Pension
- ☐ Disability Social
- ☐ Workers Comp Child/
- ☐ Security
- ☐ Spousal support
- ☐ Other sources:

_____

$ _____ Total monthly gross income

ASSETS (Current Value):

$ _____ Cash

$ _____ Bank accounts or other financial assets

$ _____ Primary vehicle

$ _____ Other vehicles

$ _____ House

$ _____ Other real estate

$ _____ Other property:_____

_____

_____

$ _____ Total value of property

MONTHLY EXPENSES YOU PAY:

$ _____ Rent/mortgage payment

$ _____ Food and household supplies

$ _____ Utilities, including cell phone

$ _____ Medical and dental expenses/insurance

$ _____ Child care

$ _____ Transportation, including car payments and repairs

$ _____ Child and spousal support or alimony

$ _____ Other expenses: _____

_____

_____

$_____ Total monthly expenses

Are there other facts that you would like the court to know about your circumstances that may help the court decide whether to grant your application, such as you are experiencing homelessness or you have health issues?

VERIFICATION

I understand that I have a continuing obligation to inform the court of an improvement in my financial circumstances that would permit me to pay the fees and costs in this case. If I fail to inform the court of any changs in my circumstances, I understand that the court may rescind the waiver of fees and costs and order me to pay those fees and costs.

I verify that the statements made in this application 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 **Signature**